State of Vermont Personal Expense Claim

(Not to be used by State of Vermont employees)

AAF6A
(04/09)

Name	Town of Residence	Department/Board or Commission

Address

Position Title	

Date	Explanation or reason for payment	Travel		Meals			Lodging	Other	Per Diem	Total
		Miles	Amount	Breakfast	Lunch	Dinner				
										$ -
										$ -
										$ -
										$ -
										$ -
										$ -
										$ -
										$ -
										$ -
										$ -
Totals		0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
			A	B	C	D	E	F	G	

I certify under the pains and penalties of perjury, that the foregoing is a correct statement of the time actually spent, mileage actually and constructively traveled, and amount necessarily incurred or paid by me in the discharge of my duties. (32 V.S.A. 464)

Claimant's Signature Date Approver's Signature Date

VISION processing only:

Update the withholding information on the voucher as needed:

Total amount reportable on a 1099 (Column G)	**$ -**
Total amount NOT reportable on a 1099 (Column A-F)	**$ -**
Total expense reimbursement	**$ -**