

# VCOC TRAVEL AND REIMBURSEMENT REQUEST

Version Dated 24 January 2024

Name of Traveler: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Travel from and to: \_\_\_\_\_

Date of Travel: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_

Is Lodging Required: \_\_\_\_\_

If so, where are you staying? \_\_\_\_\_

\_\_\_\_\_

Travel Request Approved by:

\_\_\_\_\_

Board member

\_\_\_\_\_

Date Approved

\_\_\_\_\_

Treasurer

\_\_\_\_\_

Date Approved

Travel Completed on: \_\_\_\_\_

Mileage Claimed (@\$0.30/mile): \_\_\_\_\_

Lodging Claimed (Max Allowed \$70/night) \_\_\_\_\_

Upon Completion of Travel, submit this form with receipts to the Treasurer.