STATE OF VERMONT PERSONAL EXPENSE CLAIM

Name	Town of Residence	Department/Board or Commission
Address		
Social Security No.	Position Title	

Date	Explanation	Travel Miles	Amount	Break-fast	Lunch	Dinner	Lodging	Other	Total
			0.00						0.00
			0.00						0.00
			0.00						0.00
			0.00						0.00
			0.00						0.00
			0.00						0.00
			0.00						0.00
			0.00						0.00
			0.00						0.00
			0.00						0.00
			0.00						0.00
			0.00						0.00
			0.00						0.00
			0.00						0.00
			0.00						0.00
								GRAND TOTAL	0.00

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 amounts necessarily incurred or paid by me in the discharge of my duties. (32 V.S.A. 464)

Claimant's Signature _____ Date _____ Supervisors Approval _____ Date _____

AAF6A
(01/2021)

FINANCE & MANAGEMENT