Appendix 1

Board of Directors Travel Reimbursement Request form

 **Virginia Head Start Association**

**P. O. Box 4 – Ashland, VA 23005**

**dault@headstartva.org** **–** [**www.headstartva.org**](http://www.headstartva.org)

**VAHSA Board Member Reimbursement Request Form**

(For expenses not paid by applicant’s Head Start program)

Board Member’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Board Position: (i.e., Parent, Southwest Region, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Board Meeting Location:**

**Date:**

* Mileage Reimbursement @ $.54/mile:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Attach mileage calculated by MapQuest or similar program

Signature of Board Member\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Program Director to verify program cannot pay for these funds, if applicable

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To Be Completed By VAHSA Executive Director

Date Request Received \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ x $ .54 = $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Roundtrip miles

Hotel accommodations needed \_\_\_\_\_ YES \_\_\_\_\_ NO

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of VAHSA Executive Director Date Approved

**Complete this form and return to Dawn Ault** **dault@headstartva.org** **2 weeks prior to meeting, however we appreciate your request as soon as possible.**