SAFE FNE MILEAGE REIMBURSEMENT FORM



Are you reimbursed or paid for mileage to perform PERKs by your employer or another source?

If YES, you are not eligible for reimbursement for mileage by the SAFE Payment Program. If NO, you may be eligible for reimbursement for mileage by the SAFE Payment Program.

	If NO, you may be eligible for reimbursement for mileage by the SAFE Payment Program			
Name: Title: Employer:				
Date of PERK	SAFE Claim No.	Main Office Address (Base Point)	Destination Address (to perform PERK)	Roundtrip Mileage (from main office)
	Total Number of Miles:			
	destination a MapQuest at	ddress. (If only one destination tachment is needed.) performed the above mention	or round-trip mileage for each on address is traveled, only or ned PERKs and that the inform	ne
rinted Name			Signature:	

MILEAGE GUIDANCE AND INFORMATION

Date:

- The Virginia Victims Fund adheres to the Virginia Department of Accounts <u>Travel Regulations</u> for travel reimbursements. See Topic 20335 of the CAPP Manual. All travelers should read and become familiar with the regulations.
- You are not eligible for reimbursement if you are already compensated for travel by another source such as your employer.
- Attach a W-9 form if one is not already on file with VVF. Travelers must submit travel requests to VVF within 30 days of travel and should submit once per month.
- Mileage is reimbursed at the appropriate state rate as determined by the office of the Comptroller and only travel in excess of 25 miles from the traveler's main office location (base point). Mileage reimbursement is contingent on the submission of a Request for Payment form and issuance of a SAFE Claim number.

Questions may be directed to safe@virginiavictimsfund.org.

Submit form to SAFE through WebFile.