

CB FORM 22 (1/09)
REQUEST FROM THE SUBSTITUTE PROSECUTOR
TO THE COMMONWEALTH'S ATTORNEY FOR
APPROVAL OF FEES AND TRAVEL EXPENSES

SECTION I - CASE AND APPOINTMENT

Case Number _____

Commonwealth v. _____

Attach a copy of the Court Order of Appointment

SECTION II - SUBSTITUTE PROSECUTOR INFORMATION

Printed Name: _____

Title: _____

SS#: _____

SECTION III - EXPENSES

FROM _____ **TO** _____
(DATE) (DATE)

- A. **Personal Vehicle Mileage:** _____ Miles @ 55¢ per mile = \$ _____
- B. **___ Meals @ Total Cost =** \$ _____
- C. **___ Nights Lodging, @ \$ _____ per night =** \$ _____
- D. **Tolls and Parking =** \$ _____
- E. **___ Hours @ \$50 per hour =** \$ _____
(Attach itemized list of hours worked)
- TOTAL REQUEST:** \$ _____

SECTION IV - CERTIFICATION

Reimbursement is requested for necessary and direct travel, meals and lodging expenses incurred while serving as a Substitute Prosecutor in _____ County/City. I certify that I am a Commonwealth's _____ (locality) Attorney or Assistant Commonwealth's Attorney allowed to engage in the private practice of law, and that this request is in accordance with the Compensation Board's travel policy. I further certify that I have not requested any other reimbursement for these expenses, and will not submit any request for duplicate reimbursement for these expenses, that I incurred and paid these expenses as a part of my official duties, and that my billed time spent on this case is reasonable and proper.

_____ This is a final billing for this case. _____ This is a partial billing for this case.
concluded on _____.

Signature of Substitute Prosecutor

Date

SECTION V - APPROVALS

I certify that the above individual was appointed and served as a Substitute Prosecutor, and that the request submitted is reasonable and proper in the context of this case, to the best of my knowledge and belief.

Approval of reimbursement in the amount requested is recommended.

Signature of Appointing Judge (if required)

Date

Printed Name

SECTION VI - INSTRUCTIONS

Do not submit this form to the Compensation Board. This form may be only used by Commonwealth's Attorneys and assistant Commonwealth's Attorneys who are allowed to engage in the private practice of law to request reimbursement for hourly fees and expenses incurred while serving as a Substitute Prosecutor. The Substitute Prosecutor must submit this form to the locality Commonwealth's Attorney in which the Substitute Prosecutor served. The Commonwealth's Attorney will enter the request into the Compensation Board's automated reimbursement system. The Commonwealth's Attorney should retain this form and the appointing court order for audit purposes.

How to file for Substitute Prosecutor (SP) Reimbursements

I. Part time Commonwealth's Attorneys appointed as Substitute Prosecutors:

- Both hourly rate and expenses are reimbursable items. The locality where the SP acted should pay the hours and bills. The Commonwealth's Attorney (CA) for which he substituted should file for reimbursement.
- These cases should be entered into the COIN system. The SP needs to complete the revised Form CB22 www.scb.virginia.gov/forms/CBForm22.pdf and submit it to the appointing jurisdiction's CA who will request reimbursement.
- Once the case is approved, The Compensation Board will reimburse the locality through the COIN monthly reimbursement process.
- The maximum hourly rate approved by the Compensation Board is \$50.00/hour. You are required to file for reimbursement whenever the case either reaches \$500 in expenses or within 60 days after conclusion (**WHICHEVER COMES FIRST**). Meals and lodging amounts may not exceed the amounts shown in paragraph IV below.

II. Private Attorneys Appointed July 1, 1996 or thereafter:

- These cases are now reimbursed through the Supreme Court, *not* the Compensation Board. Should you need information please call (804) 786-6455.
- To claim reimbursement, complete a Form D.C. 50 (time sheet). The appointing court will file Forms D.C. 40, 41, and 50 with the Supreme Court for payment.

III. Meals and Lodging Reimbursement for Substitute Prosecutors:

- The Compensation Board has adopted the Commonwealth's Department of Accounts' meals and incidental expense (M&IE) per diem amounts and lodging rates for reimbursements paid to Commonwealth's Attorneys and Assistant Commonwealth's Attorneys appointed to serve as Substitute Prosecutors. The reimbursable amounts are as shown below. Please call Paige G. Christy at (804) 225-3442 or Linda Gutshall at (804) 225-3428 if you have any questions.
- The M&IE Rate Table below provides the allowable expense for individual meal amounts **when overnight lodging is required**. The M&IE per diem rate applied must correspond to the location specified for the overnight lodging.

TOTAL	\$39	\$44	\$49	\$54	\$59	\$64
Breakfast	\$7	\$8	\$9	\$10	\$11	\$12
Lunch	\$11	\$12	\$13	\$15	\$16	\$18
Dinner	\$18	\$21	\$24	\$26	\$29	\$31
Incidentals	\$3	\$3	\$3	\$3	\$3	\$3
75% Travel Days	\$30	\$34	\$38	\$42	\$45	\$49

The following circumstances require prorating of per diem amounts. On a travel departure or return day, 75% of the per diem rate is allowable based upon the location of overnight lodging, as follows:

Departure Day: 75% of the per diem rate for the location of lodging that night.
Return Day: 75 % of the per diem rate for the location of lodging the night before returning to the home base.

The following table provides guidelines for Lodging, Meals, and Incidental Expenses that are allowable to the Substitute Prosecutor for reimbursement. If a location is not listed, the standard rate applies.

IN-STATE Location	Lodging Rate <u>Excludes</u> Taxes and Surcharges	Meals and Incidental Expense (M&IE) Rate <u>Includes</u> tips, taxes, personal telephone calls, laundry, and transportation to where meals are taken
STANDARD→	\$70	\$39
EXCEPTIONS↓		
Abingdon (Washington) (10/1 – 3/31)	79	49
Abingdon (Washington) (4/1 – 5-31)	72	49
Abingdon (Washington) (6/1 – 9/30)	79	49
Blacksburg (Montgomery)	80	54
Charlottesville (Albemarle and Green County)	100	44
Chesapeake / Suffolk (10/1-3/31)	89	44
Chesapeake / Suffolk (4/1-5/31)	97	44
Chesapeake / Suffolk (6/1-8/31)	107	44
Chesapeake / Suffolk (9/1-9/30)	89	44
Chesterfield / Henrico (Chesterfield and Henrico Counties)	93	49
Fredericksburg (City of Fredericksburg, Spotsylvania)	74	54
Hampton City / Newport News	81	44
James City / York Co / Williamsburg (10-1 – 3/31)	75	54
James City / York Co / Williamsburg (4-1 – 8/31)	97	54
James City / York Co / Williamsburg (9-1 – 9/30)	75	54
Loudoun (Loudoun County)	140	59
Lynchburg (Campbell County)	78	44
Manassas (City Limits)	101	39
Norfolk / Portsmouth	96	59
Richmond (City Limits) (10/1 – 10/31)	129	54
Richmond (City Limits) (11/1 – 8/31)	123	54
Richmond (City Limits) (9/1 – 9/30)	129	54
Roanoke (City Limits)	96	44
Stafford / Prince William (Stafford and Prince William Counties)	95	44
Virginia Beach (Virginia Beach) (10/1-5/31)	88	54
Virginia Beach (Virginia Beach) (6/1-8/31)	151	54
Virginia Beach (Virginia Beach) (9/1-9/30)	88	54
Virginia Beach (Virginia Beach) (10/1-6/30)	88	54
Wallops Island (Accomack County) (10/1-6/30)	87	49
Wallops Island (Accomack County) (7/1-8/31)	121	49
Wallops Island (Accomack County) (9/1-9/30)	87	49
Warrenton (Fauquier)	99	44

Updated: 10-1-2008