

CB FORM 24 (1/09)

REQUEST FOR DIRECT REIMBURSEMENT OF TRAVEL EXPENSES
BY SUBSTITUTE PROSECUTOR
Code Section 19.2-155

SECTION I – CASE AND APPOINTMENT

Commonwealth vs. _____

County or City of: _____ (Locality Name) _____ (3-Digit Code)

Attach a copy of the Court Order of Appointment

SECTION II – SUBSTITUTE PROSECUTOR INFORMATION

Printed Name: _____
Title: _____
SS#: _____

Work Address:
Office of the Commonwealth's Attorney

_____ (Locality Name) _____ (3-Digit Code)

_____ (Address)

(Note: Check will be mailed to this address)

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 = \$ _____

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. (Locality)

I certify that this request for reimbursement is in accordance with the Compensation Board’s travel expense policy, and that I am:

___ a Commonwealth’s Attorney or Assistant Commonwealth’s Attorney not allowed to engage in the private practice of law.

___ a Commonwealth’s Attorney or Assistant Commonwealth’s Attorney allowed to engage in the private practice of law and that I am requesting reimbursement for travel expenses only.

I further certify that I have not received any other reimbursement for these expenses, I will not submit any request for duplicate reimbursement for these expenses, and that I incurred and paid these expenses as a part of my official duties.

___ This is a final billing for this case, ___ This is a partial billing for this case. concluded on _____.
(Date)

(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. Reimbursement in the amount requested is recommended.

(Signature of Appointing Judge or Commonwealth’s Attorney)

(Date)

(Printed Name)

___ Reimbursement approved by Compensation Board action _____
(Date)

___ Reimbursement approved by Executive Secretary _____
(Date)

How to file for Substitute Prosecutor (SP) Reimbursements

I. Full time Commonwealth's Attorneys and full time Assistant Commonwealth's Attorneys appointed as Substitute Prosecutors:

- Complete Form CB24 www.scb.virginia.gov/forms/CBForm24.pdf. Mail the CB24 form and a certified copy of the Court Order and original lodging bill to the Fiscal Officer at the Compensation Board. A check will be sent directly to the SP, at the address listed on the CB24 form.
- Note: You may only claim mileage, meals, lodging, tolls and parking (*not hours*). 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

