

CB FORM 24 (7/11)

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 @ .555¢ 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](http://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	\$41	\$46	\$51	\$56	\$61	\$66	\$71
Breakfast	\$7	\$7	\$8	\$9	\$10	\$11	\$12
Lunch	\$11	\$11	\$12	\$13	\$15	\$16	\$18
Dinner	\$18	\$23	\$26	\$29	\$31	\$34	\$36
Incidentals	\$5	\$5	\$5	\$5	\$5	\$5	\$5
75% Travel Days	\$32	\$36	\$40	\$44	\$47	\$51	\$55

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
<b>STANDARD →</b>	<b>\$77</b>	<b>\$41</b>
<b>EXCEPTIONS ↓</b>		
Abingdon (Washington)	86	46
Blacksburg (Montgomery)	95	46
Charlottesville (Albemarle and Green County)	113	56
Chesapeake / Suffolk (10/1-5/31)	78	56
Chesapeake / Suffolk (6/1-8/31)	88	56
Chesapeake / Suffolk (9/1-9/30)	78	56
Chesterfield / Henrico (Chesterfield and Henrico Counties)	87	51
Fredericksburg (City of Fredericksburg, Spotsylvania)	89	56
James City / York Co / Williamsburg (10-1 – 3/31)	77	51
James City / York Co / Williamsburg (4-1 – 8/31)	91	51
James City / York Co / Williamsburg (9-1 – 9/30)	77	51
Loudoun (Loudoun County)	111	61
Lynchburg (Campbell County)	79	51
Manassas (City Limits)	82	46
Norfolk / Portsmouth	92	61
Prince William County	89	56
Richmond (City Limits)	114	66
Roanoke (City Limits)	99	51
Virginia Beach (Virginia Beach) (10/1-5/31)	89	56
Virginia Beach (Virginia Beach) (6/1-8/31)	144	56
Virginia Beach (Virginia Beach) (9/1-9/30)	89	56
Wallops Island (Accomack County) (10/1-6/30)	84	56
Wallops Island (Accomack County) (7/1-8/31)	125	56
Wallops Island (Accomack County) (9/1-9/30)	84	56
Warrenton (Fauquier)	93	46

**Updated: 1-21-2010**