

CERTIFICATION OF ATTENDANCE

2009 Victim Assistance Program

THIS FORM MUST BE FILLED OUT COMPLETELY AND ATTACHED TO YOUR REIMBURSEMENT FORM OR YOU WILL NOT BE REIMBURSED FOR YOUR EXPENSES.

(PLEASE PRINT)

I, _____ do hereby certify under criminal penalty for making false statement in violation of O.C.G.A. § 16-10-20, that the above statements are true and I have incurred the above expenses and authorized use of mileage in the discharge of my official duties.

I attended _____ hours at the 2009 Prosecuting Attorneys' Council of Georgia Victim Witness Assistance Program Meeting.

Signature _____ Date _____

Bar or POST Number (if applicable): _____

MAXIMUM REIMBURSEMENT RATES:

Lunch	\$7.00
Dinner	\$15.00
Lodging	\$105.00
Mileage	\$0.585

