



**BOARD OF SUPERVISORS
COUNTY OF GOOCHLAND
GOOCHLAND, VIRGINIA**

REQUEST FOR PAYMENT

PAY TO: _____

MEMBER ADDRESS _____

BOARD/COMMISSION SERVED: _____

Request for compensation for meetings attended:

Accounting use: _____ meetings @ \$50.00 p/mtg=\$_____ 4-001-11010-3002 _____ miles @ \$.67 (2024) mileage rate = \$_____ 4-001-11010-5501

Signed _____ Date _____

**Please return to Goochland County Finance Dept, P. O. Box 10, Goochland, VA 23063
or call 556-5802 for any questions you may have.**