

TRAVEL EXPENSE REIMBURSEMENT VOUCHER

PERSONAL VEHICLE USE STATEMENT - STATE EMPLOYEES ONLY

DEPARTMENT, INSTITUTION, OR AGENCY

PERSONAL VEHICLE - COST BENEFICIAL TO THE STATE - PERSONAL MILEAGE RATE
 STATE VEHICLE - NOT AVAILABLE OR ACCESSIBLE - PERSONAL MILEAGE RATE
 STATE VEHICLE - AVAILABLE OR NOT REQUESTED - FLEET RATE

PREPARE WITH INK OR TYPEWRITER. USE ADDITIONAL SHEETS WHEN NECESSARY

I HEREBY CERTIFY THAT EXPENSES LISTED BELOW WERE INCURRED BY ME ON OFFICIAL BUSINESS OF THE COMMONWEALTH OF VIRGINIA AND INCLUDE ONLY SUCH EXPENSES AS WERE NECESSARY IN THE CONDUCT OF BUSINESS.

Name: _____

Address: _____

City: _____

State: _____ Zip: _____ - _____

Vendor ID: _____ - _____ Suffix: _____

STATE EMPLOYEE? YES NO

SIGNATURE OF TRAVELER _____ DATE _____

TITLE _____

I HEREBY CERTIFY THAT THE TRAVEL UNDERTAKEN IN THIS REIMBURSEMENT VOUCHER HAS BEEN REVIEWED AND APPROVED AS NECESSARY FOR THE CONDUCT OF BUSINESS OF THE COMMONWEALTH.

TRAVELER'S SUPERVISOR _____ DATE _____

1. DATE	2. LOCATION AT WHICH EXPENSE WAS INCURRED. POINTS BETWEEN WHICH TRAVEL WAS NECESSARY, METHOD OF TRANSPORTATION USED AND MILEAGE RATE ALLOWED. EACH DAYS EXPENSES MUST BE SHOWN SEPARATELY.	3. MILES TRAVELED	4. MILEAGE	5. AUTO EXPENSE (ITEMIZE IN SECOND COLUMN)	6. PER DIEM AMOUNT	7. LODGING	8. OTHER (ITEMIZE IN SECOND COLUMN)	AMOUNT
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
I certify all computations are correct and that all necessary and required receipts are attached. Initial _____			TOTALS	0.00	0.00	0.00	0.00	0.00

VOUCHER NUMBER _____ DATE(MMDDYY) _____

PURPOSE OF TRIP

<input type="checkbox"/> CONFERENCE	<input type="checkbox"/> PRESENTATION	<input type="checkbox"/> EXTRADITIONS
<input type="checkbox"/> ATHLETICS	<input type="checkbox"/> INVESTIGATIONS	<input type="checkbox"/> FIELD WORK
<input type="checkbox"/> RECRUITMENT	<input type="checkbox"/> EDUCATION	<input type="checkbox"/> OTHER (EXPLAIN)

TOTAL SHEET 2	0.00
GRAND TOTAL	0.00
AMOUNT ADVANCED	
Payment/(Due to Agency)	0.00

TRANS	AGENCY	GLA	FUND		FFY	PROGRAM			OBJECT	REVENUE SOURCE	AMOUNT	PROJECT		
			FUND	DET		PROG	SUB	ELE				PROJECT	TK	PH
COST CODE	FIPS	PSD	AGENCY REFERENCE			INVOICE			DUE DATE	REFERENCE DOC				
									MM DD YY				SX	
DESCRIPTION						CURRENT DOCUMENT NUMBER		SX	SUBSIDIARY ACCOUNT	MULTI-PURPOSE	1099	<input type="checkbox"/> CHECK IF CONTINUATION SHEET ATTACHED		