TRAVEL EXPENSE REIMBURSEMENT VOUCHER

DEPARTMENT, INSTITUTION, OR AGENCY

PREPARE WITH INK OR TYPEWRITER. USE ADDITIONAL SHEETS WHEN NECESSARY

Name:							
Address:							
City:							
State:		Zip:		-			
Vendor ID:		-		Suffix:			

PERSONAL VEHICLE USE STATEMENT - STATE EMPLOYEES ONLY

__ 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

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.

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
I certify all computations are correct and that all necessary and required receipts are attached. Initial _____		**TOTALS**						

VOUCHER NUMBER | DATE(MMDDYY)

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

PURPOSE OF TRIP

__ CONFERENCE
__ ATHLETICS
__ RECRUITMENT
__ PRESENTATION
__ INVESTIGATIONS
__ EDUCATION
__ EXTRADITIONS
__ FIELD WORK
__ OTHER (EXPLAIN)

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	
				DATE	NUMBER	MM DD YY	NUMBER	SX

DESCRIPTION	CURRENT DOCUMENT		SUBSIDIARY ACCOUNT	MULTI-PURPOSE	1099
	NUMBER	SX			

☐ CHECK IF CONTINUATION SHEET ATTACHED

DA-02-041A

TRAVEL EXPENSE REIMBURSEMENT VOUCHER

DEPARTMENT, INSTITUTION, OR AGENCY

Agency No.

CONTUNUATION SHEET

PREPARE WITH INK OR TYPEWRITER. USE ADDITIONAL SHEETS WHEN NECESSARY

Voucher Number

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 (SHOW PULLMAN SEPARA-TELY)	8. OTHER (ITEMIZE IN SECOND COLUMN)	AMOUNT
	TOTALS							