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:	S	-		Suffix:		

PERSONAL VEHICLE USE STATEMENT - STATE EMPLOYEES ONLY

X 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 2008	2. LOCATION AT WHICH EXPENSE WAS INCURRED. POINTS BETWEEN WHICH TRAVEL WAS NECESSARY, METHOD OF TRANSPIRATION USED AND MILEAGE RATE ALLOWED. EACH DAYS EXPENSES MUST BE SHOWN SEPARATELY.	3. TOTAL MILES TRAVELED	4. LESS COMM-UTING MILEAGE	5. REIM-BURSIBLE MILEAGE	6. MILEAGE	7. AUTO EXPENSE (ITEMIZE IN SECOND COLUMN)	8. MEAL PER DEIM AMOUNT	9. LODGING	10. OTHER (ITEMIZE IN SECOND COLUMN)	AMOUNT
		0	0	0	0.00					0.00
		0	0	0	0.00					0.00
		0	0	0	0.00					0.00
		0	0	0	0.00					0.00
		0	0	0	0.00					0.00
		0	0	0	0.00					0.00
		0	0	0	0.00					0.00
I certify all computations are correct and that all necessary and required receipts are attached. Initial _____	**TOTALS**		0	0.00	0.00	0.00	0.00	0.00	0.00

VOUCHER NUMBEI | DATE(MMDDYY)

PURPOSE OF TRIP

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

TOTAL SHEET 2	0.00
TOTAL SHEET 3	0.00
GRAND TOTAL	0.00
AMOUNT ADVANCED	0.00
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	
				DATE	NUMBER	MM DD YY	NUMBER	SX

DESCRIPTION	CURRENT DOCUMENT		SUBSIDIARY ACCOUNT	MULTI-PURPOSE	1099
	NUMBER	SX			

CHECK IF CONTINUATION SHEET ATTACHED