## TRAVEL EXPENSE REIMBURSEMENT VOUCHER

DEPARTMENT, INSTITUTION. OR AGENCY

Name: Address:

City:

PREPARE WITH INK OR TYPEWRITER. USE ADDITIONAL SHEETS WHEN NECESSARY.

## 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 THA OFFICIAL BUSINESS OF SUCH EXPENSES AS WE	THE COMMONWE	ALTH OF VIRGINIA A	ND INCLUDE ONLY
STATE EMPLOYEE?	□ YES		
SIGNATURE OF TRAVELE	R	DA	ATE

SIGNATURE OF TRAVELER

TITLE

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

	State:		Zip:								BUSINESS FOR THE COMMONWEALTH											
	Vendor I	D:			Suff	fix:					TR	DATE										
1. DATE YEAR	BETWEEI TRANSPOR	N WHIC	H TRAVEL W	INSE WAS INCURRED. POIN AS NECESSARY, METHOD ( MILEAGE RATE ALLOWED. E BE SHOWN SEPARATELY.	DF	4. MILEA OR FARE		5. AUTO EXPENSE (Itemize in second column)	S. No.	MEALS AMOUNT	7. LODG-ING( Show pullman separately)	&OTHER (Itemize in second column)	AMOUNT									
l certify all com attached Initial	putations are co	rrect and	d that all nece	ssary and required receipts are	TOTALS	3																
	VOUCHER NUMBER				DATE	(MM/DD/YY)			ļ		Т											
	PURPOSE OF TRIP										TOTAL SHEET 3											
									DITIONS VORK (EXPLAIN)													
													AMOUNT ADVANCED									
												Payment/ (Due To Agency)										

TRANS	FUND		FFY	PI	PROGRAM		OBJECT		REVENUE				AMOU					PROJEC						
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