TRAVEL EXPENSE REIMBURSEMENT VOUCHER

DEPARTMENT, INSTITUTION, OR AGENCY

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

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.

STATE EMPLOYEE? ☐ YES ☐ NO

Name:

Address:

City:

State

Zip: -

Banner ID or S.S.N.: T - Suffix:

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   PRINTED NAME   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	Enter Mile. Rate 5 =.55 2 =.246	4. MILEAGE	5. AUTO EXPENSE (ITEMIZE IN SECOND COLUMN)	6. PER DIEM AMT.	7. LODGING	8. OTHER (ITEMIZE IN SECOND COLUMN)	AMOUNT
TOTALS									

I certify all computations are correct and that all necessary and required receipts are attached.

Print Name   Ext.

Voucher Number   DATE (MMDDYY)

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

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

INDEX CODE:

Explanation of Request for Exception:

TRAVEL EXPENSE REIMBURSEMENT VOUCHER

DA-02-041A

DEPARTMENT, INSTITUTION, OR AGENCY

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Agency No.

CONTINUATION SHEET

Voucher Number

PREPARE WITH INK OR TYPEWRITER. USE ADDITIONAL SHEETS WHEN NECESSARY

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	Enter Mile. Rate 5 =.55 2 =.246	4. MILEAGE	5. AUTO EXPENSE (ITEMIZE IN SECOND COLUMN)	6. PER DIEM AMT.	7. LODGING	8. OTHER (ITEMIZE IN SECOND COLUMN)	AMOUNT
TOTALS									