

TRAVEL EXPENSE REIMBURSEMENT VOUCHER

PERSONAL VEHICLE USE STATEMENT - STATE EMPLOYEES ONLY

DEPARTMENT, INSTITUTION, OR AGENCY

Virginia Department of Fire Programs

Signature Requirements for Travel Expense Reimbursements:

1. Wet Signature (Preferred)
2. Electronic Signature (DocuSign, etc.)
3. Typed Signature with the approved font types and sent email attachment

- 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

Name: _____

Address: _____

City: _____

State: _____ Zip: _____ - _____

Vendor ID: _____ Suffix: _____

Required: Contact Information (Email or Phone #) _____

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
			0.00					0.00
			0.00					0.00
			0.00					0.00
			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	\$ -	\$ -	\$ -	\$ -	\$ -

PURPOSE OF TRIP

<input type="checkbox"/> CONFERENCE	<input type="checkbox"/> PRESENTATION (PANEL)	<input type="checkbox"/> EMPLOYEE TRAINING
<input type="checkbox"/> FIELD WORK	<input type="checkbox"/> INVESTIGATIONS	<input type="checkbox"/> BOARD MEETING
<input type="checkbox"/> RECRUITMENT	<input type="checkbox"/> OTHER (Adj. Instruction)	<input type="checkbox"/> OTHER (EXPLAIN)

0

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

DEPT	BUS UNIT	GLA	FUND	SFY	PROGRAM		SCHOOL NUMBER	PROJECT	TASK PHASE	
					PROG	DESCRIP			TASK	PH
50086	960 00		02180 Fire	2026	744	003 Fire Service		select one		
COST CENTER	FIPS	ACCOUNT DESCRIPTION		AMOUNT	INVOICE NUMBER (if needed)			DUE DATE	REFERENCE DOC	
select one		5012820 Mileage		\$ -				MM DD YY	DESCRIPTION	
select one		5012850 Tolls		\$ -						
select one		5012880 Meals		\$ -						
select one		5012850 Lodging		\$ -						
select one		select one		\$ -						
select one		select one		\$ -						
select one		select one		\$ -						

COMMENTS/DESCRIPTION	VOUCHER NUMBER	DATE (MMDDYY)	1099

CHECK IF CONTINUATION SHEET ATTACHED