

TRAVEL EXPENSE REIMBURSEMENT VOUCHER

DEPARTMENT, INSTITUTION, OR AGENCY
Southside Virginia Community College

PREPARE WITH INK OR TYPEWRITER. USE ADDITIONAL SHEETS WHEN NECESSARY

Name: _____
 Address: _____
 City: _____
 State: _____ Zip: _____ - _____
 Vendor ID: T - _____ 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 | 3. MILES TRAVELED | 4. MILEAGE | 5. AUTO EXPENSE (ITEMIZE IN SECOND COLUMN) | 6. PER DEIM 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 | |

VOUCHER NUMBER _____ DATE(MMDDYY) _____

PURPOSE OF TRIP

| | | |
|--|---|--|
| <input checked="" type="checkbox"/> CONFERENCE | <input type="checkbox"/> PRESENTATION | <input type="checkbox"/> EXTRADITIONS |
| <input type="checkbox"/> ATHLETICS | <input type="checkbox"/> INVESTIGATIONS | <input type="checkbox"/> FIELD WORK |
| <input type="checkbox"/> RECRUITMENT | <input type="checkbox"/> EDUCATION | <input type="checkbox"/> OTHER (EXPLAIN) |

Fall Administrative Services Conference in Virginia Beach

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

| TRANS | AGENCY | GLA | FUND | | FFY | PROGRAM | | | OBJECT | REVENUE SOURCE | AMOUNT | PROJECT | | |
|-------------|--------|-----|------------------|--------|-----|------------------|-----|--------------------|---------------|----------------|--------------------------------------|---------|----|----|
| | | | FUND | DET | | PROG | SUB | ELE | | | | PROJECT | TK | PH |
| 161 | 276 | | | | | | | | 1282 | | | | | |
| 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 | CHECK IF CONTINUATION SHEET ATTACHED | | | |
| | | | | | | NUMBER | SX | | | | <input type="checkbox"/> | | | |