Clear Form

TRAVEL EXPENSE REIMBURSEMENT VOUCHER

Department, Institution, or Agency

Virginia Military Institute

PREPARE WITH INK OR TYPEWRITER, USE ADDITIONAL SHEETS WHEN NECESSARY

Name:

Address:

City:

State: Zip:

Vendor ID:

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 this business.

State Employee? ☐ Yes ☐ No

Signature of Traveler Date

Title

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

TRAVELER'S SUPERVISOR DATE

1. Date 20__	2. Location at which expense was incurred. Points between which travel was necessary. Method of transportation used and mileage rate allowed. Each day's expenses must be shown separately.	3. Miles Traveled	4. Mileage Or Fares	5. Auto Expense (Itemized in 2nd Column)	6. Meals No.	6. Meals Amount	7. Lodging show Pullman Separately	8. Other (Itemize In 2nd 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
I certify all computations are correct and that all necessary and required receipts are attached. Initial _____	**TOTALS**	0	$0.00	$0.00	0	$0.00	$0.00	$0.00	$0.00

Voucher Number | Date (MM/DD/YY) | TOTAL SHEET 2 $0.00

PURPOSE OF TRIP

- ☐ Conference
- ☐ Presentation
- ☐ Extraditions
- ☐ Athletics
- ☐ Investigations
- ☐ Field Work
- ☐ Recruitment
- ☐ Education
- ☐ Other (Explain below)

GRAND TOTAL	$0.00
AMOUNT ADVANCED	
Payment (Due to Agency)	$0.00

TRAVEL EXPENSE REIMBURSEMENT VOUCHER

Page _____ of _____

Department, Institution, or Agency

Virginia Military Institute

Agency No. **211**

PREPARE WITH INK OR TYPEWRITER, USE ADDITIONAL SHEETS WHEN NECESSARY

CONTINUATION SHEET

1. Date 20__	2. Location at which expense was incurred. Points between which travel was necessary. Method of transportation used and mileage rate allowed. Each day's expenses must be shown separately.	3. Miles Traveled	4. Mileage Or Fares	5. Auto Expense (Itemized in 2nd Column)	6. Meals		7. Lodging show Pullman Separately	8. Other (Itemize In 2nd Column)	Amount
					No.	Amount			
									$0.00
									$0.00
									$0.00
									$0.00
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									$0.00
									$0.00
									$0.00
									$0.00
									$0.00
	TOTALS	0	$0.00	$0.00	0	$0.00	$0.00	$0.00	$0.00