AUTOMATED - T R A V E L E X P E N S E R E I M B U R S E M E N T V O U C H E R updated January 2015

Virginia DBHDS - Agency 720

I certify expenses listed below were incurred by me on official business of the Commonwealth of Virginia and include only expenses necessary in the conduct of this busines.,

STATE EMPLOYEE: _____ YES _____ NO

NOTE: For Travel on or After January 1, 2015

VEHICLE STATEMENT - STATE EMPLOYEE CHECK ONE
IF CLAIMING MILEAGE REIMBURSEMENT

_____ Personal Vehicle - Cost Beneficial to State
_____ Personal Vehicle - State Vehicle Not Available
_____ State Vehicle Available - Fleet Mileage Rate (If checked Mileage Rate = 24.6 cents)
_____ Personal Vehicle - Over 15,000 Miles (If checked Mileage Rate = 13 cents)

ENTER MILEAGE RATE IN CENTS PER MILE: 57.5

Signature of Traveler: _____ **Date**

Traveler's Title: _____

ONLY ONE OFFICAL BASEPOINT:

NAME:
ADDRESS:
CITY:
STATE: ZIP:
OFFICE PHONE:
EMPLOYEE ID #:

I certify the travel covered by this reimbursement voucher has been reviewed and is approved as necessary for the conduct of business for the Commonwealth.

Signature of Traveler's Supervisor: _____ Date

Supervisors Keyed or Printed Name: _____

1. DATE	2. Location that traveller departed from and travelled to Each day's expenses must be shown separately.	3. MILES	4. MILEAGE DOLLAR AMOUNT	5. Air/Train Itemize in Column 2	6. MEALS & Incidental Exp. TYPE	AMOUNT	7. LODGING	8. OTHER Itemize in Column 2	TOTAL AMOUNT
	Adjustments-Enter a + or - amount to Adjust for Meals Received at a Conference or Other Adjustments-Explain under "Purpose of Trip"								
I certify computations are correct and required receipts are attached:	(Acctg Use)	TOTALS							
VOUCHER NUMBER (Acctg Use)		DATE (mm/dd/yy) (Acctg Use)							

Purpose of Trip-(Required)

Field Work
Conference
Presentation
Education
Other,Explain

GRAND TOTAL

** Print on Green Paper

RATE A: $41.00 Rate B: $46.00 Rate C: $51.00 Rate D: $56.00 Rate E: $61.00 Rate F: $66.00 G. #####

The section below is for Fiscal Office Use Only.

TRANS	AGENCY	C.C.	FUND	ACCT	PROJECT	PROGRAM	AMOUNT
332	720						
332	720						
332	720						
332	720						
332	720						
332	720						

Continuation Sheets Attached

(Substitute for DA-02-041)