

AUTOMATED - TRAVEL EXPENSE REIMBURSEMENT VOUCHER (updated January 2017)

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 business.

NOTE: For Travel on or After January, 2017

ARE YOU A DBHDS EMPLOYEE (AGY 720)

YES

NO

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
Personal Vehicle - Over 15,000 Miles

Signature of Traveler:

Date

Traveler's Title:

MILEAGE RATE: OVER 200 MILES PER-DAY-AVERAGE 0.246
MILEAGE RATE: UNDER 200 MILES PER-DAY-AVERAGE 0.535

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:

ONLY ONE OFFICIAL BASEPOINT:

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

Table with columns: DATE, Location, MILES (0.535, 0.246), MILEAGE DOLLAR AMOUNT, Air/Train, MEALS & Incidentals, LODGING, OTHER, TOTAL AMOUNT.

Adjustments-Enter a + or - amount to Adjust for Meals Received at a Conference or Other Adjustments-Explain under "Purpose of Trip"

TOTALS

VOUCHER NUMBER DATE (mm/dd/yy)

Purpose of Trip (Required)
Field Work
Conference
Presentation
Education
Other, Explain

GRAND TOTAL

** Print on Green Paper

RATE A: \$51.00 Rate B: \$54.00 Rate C: \$59.00 Rate D: \$64.00 Rate E: \$69.00 Rate F: \$74.00 G:

The section below is for Fiscal Office Use Only.

Fiscal Office Use Table with columns: TRANS, AGENCY, C.C., FUND, ACCT, PROJECT - TASK/PHASE, AMOUNT.

Continuation Sheets Attached