

TRAVEL EXPENSE REIMBURSEMENT VOUCHER

DEPARTMENT, INSTITUTION, OR AGENCY
DCJS

PREPARE WITH INK OR TYPEWRITER. USE ADDITIONAL SHEETS WHEN NECESSARY.

Name: **Alfred Dove**
 Address: **[REDACTED]**
 City: **Roanoke**
 State: **VA** Zip: **24017**
 Vendor ID: **[REDACTED]** Suffix: **JR**

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

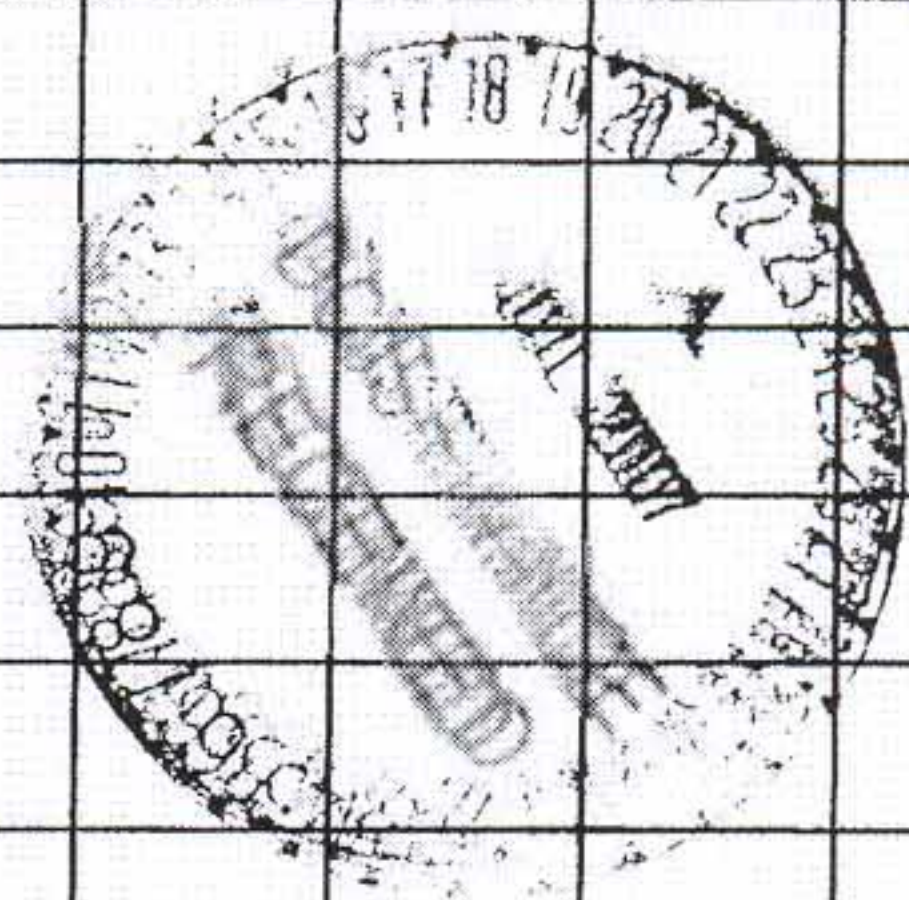
I HEREBY CERTIFY THAT EXPENSES LISTED BELOW WERE INCURRED BY ME ON OFFICIAL BUSINESS OF THE COMMONWEALTH OF VIRGINIA AND INCLUDE ONLY SUCH EXPENSES AS WERE NECESSARY IN THE CONDUCT OF THIS BUSINESS.

STATE EMPLOYEE? YES NO
 SIGNATURE OF TRAVELER: **[Signature]** DATE: **6/14/07**
 TITLE: **DCJS**

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

[Signature] TRAVELER'S SUPERVISOR DATE: **7/17/07**

1. DATE	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 (ITEMIZE IN SECOND COLUMN)		6. MEALS		7. LODGING (SHOW PULLMAN SEPARATELY)	8. OTHER (ITEMIZE IN SECOND COLUMN)	AMOUNT
				NO.	AMOUNT	NO.	AMOUNT			
2007										
6/14/07	TRAVEL to and from Rte - Rich	400	194.00							194.00
6/14/07	parking (receipt to be mailed)				10.00					10.00
*parking receipt NOT MAILED OR RECEIVED										



I certify all computations are correct and that all necessary and required receipts are attached.
 Initial: **[Signature]**

TOTALS ~~194.00~~ **194.00** **10.00** **204.00**

VOUCHER NUMBER: **00240P** DATE (MM/DD/YY): **7-24-07**

PURPOSE OF TRIP:
 CONFERENCE PRESENTATION EXTRADITIONS
 ATHLETICS INVESTIGATIONS FIELD WORK
 RECRUITMENT EDUCATION OTHER (EXPLAIN)

Board Member

204.00 GRAND TOTAL **194.00**
 AMOUNT ADVANCED
 Payment/(Due to Agency) **194.00**

TRANS	AGENCY	GLA	FUND			PROGRAM			OBJECT	REVENUE SOURCE	AMOUNT	PROJECT			
			FUND	DET	FFY	PROG	SUB	ELE				PROJECT	TK	PH	
468	140		01	00	08	399	01	00	1282	194.00	70010				
COST CODE	FIPS	PSD	AGENCY REFERENCE			INVOICE			DUE DATE			REFERENCE DOC			
						DATE			MM DD YY			NUMBER			
DESCRIPTION						CURRENT DOCUMENT NUMBER		SX	SUBSIDIARY ACCOUNT		MULTI-PURPOSE		1099	CHECK IF CONTINUATION SHEET ATTACHED <input checked="" type="checkbox"/>	