

**EL EXPENSE REIMBURSEMENT VOUCHER**

DEPARTMENT, INSTITUTION, OR AGENCY  
DCJS

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

Name: Alfred Dowe  
 Address: [REDACTED]  
 City: Roanoke  
 State: VA Zip: 24017  
 Vendor ID: [REDACTED] Suffix: 514

PERSONAL VEHICLE USE STATEMENT - STATE EMPLOYEES  
 - PERSONAL VEHICLE - COST BENEFICIAL TO THE STATE - PERSONAL MILEAGE  
 - STATE VEHICLE - NOT AVAILABLE OR ACCESSIBLE - PERSONAL MILEAGE  
 - STATE VEHICLE - AVAILABLE OR NOT REQUESTED - FLEET RATE

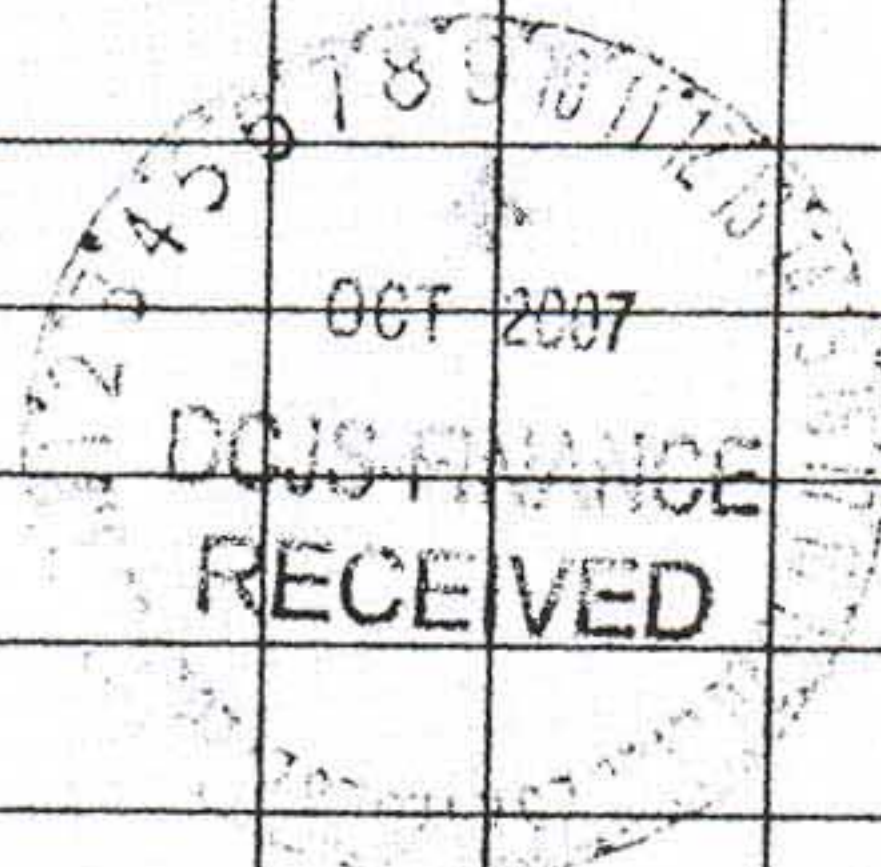
I HEREBY CERTIFY THAT EXPENSES LISTED BELOW WERE INCURRED BY OFFICIAL BUSINESS OF THE COMMONWEALTH OF VIRGINIA AND INCLUDE SUCH EXPENSES AS WERE NECESSARY IN THE CONDUCT OF THIS BUSINESS.

STATE EMPLOYEE?  YES  NO  
 SIGNATURE OF TRAVELER: [Signature] DATE: 10/4  
 TITLE: Reimbursed

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.

TRAVELER'S SUPERVISOR: [Signature] DATE: 10/5/07

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	6. MEALS		7. LODGING (SHOW PULLMAN SEPARATELY)	8. OTHER (ITEMIZE IN SECOND COLUMN)	AMOUNT
				NO.	AMOUNT			
2007								
9/7/7	mileage to and from Rke - Rich (Law Enforcement comm)	400	194.00					194.00
9/13/7	miles to and from Rich - Rke	400	194.00					194.00
9/13/7	parking						7.00	7.00
9/13/7	Lodging (Holiday Inn)					100.57		100.57
			<b>TOTALS</b>			100.57	7.00	495.57



I certify all computations are correct and that all necessary and required receipts are attached.

VOUCHER NUMBER: 00898

DATE (MM/DD/YY): 10/09/07

PURPOSE OF TRIP

- CONFERENCE
- ATHLETICS
- RECRUITMENT
- PRESENTATION
- INVESTIGATIONS
- EDUCATION
- EXTRADITIONS
- FIELD WORK
- OTHER (EXPLAIN)

LAW ENF. COMM. 9/7/07

DCJS 9/13/07

TOTAL SHEET 2  
 TOTAL SHEET 3  
**495.57** GRAND TOTAL  
 AMOUNT ADVANCED  
 Payment/(Due to Agency)

AGENCY	GLA	FUND		FFY	PROGRAM			OBJECT	REVENUE SOURCE	AMOUNT			PROJECT		
		FUND	DET		PROG	SUB	ELE			PROJECT	TK	PH			
140		01	00	08	399	01	00	1282		388.00			70010		

FIPS	PSD	AGENCY REFERENCE	DATE	INVOICE NUMBER	DUE DATE	REFERENCE DOC NUMBER	SX	✓

DESCRIPTION	CURRENT DOCUMENT NUMBER	SX	SUBSIDIARY ACCOUNT	MULTI-