

TRAVEL 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: **SP2**

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

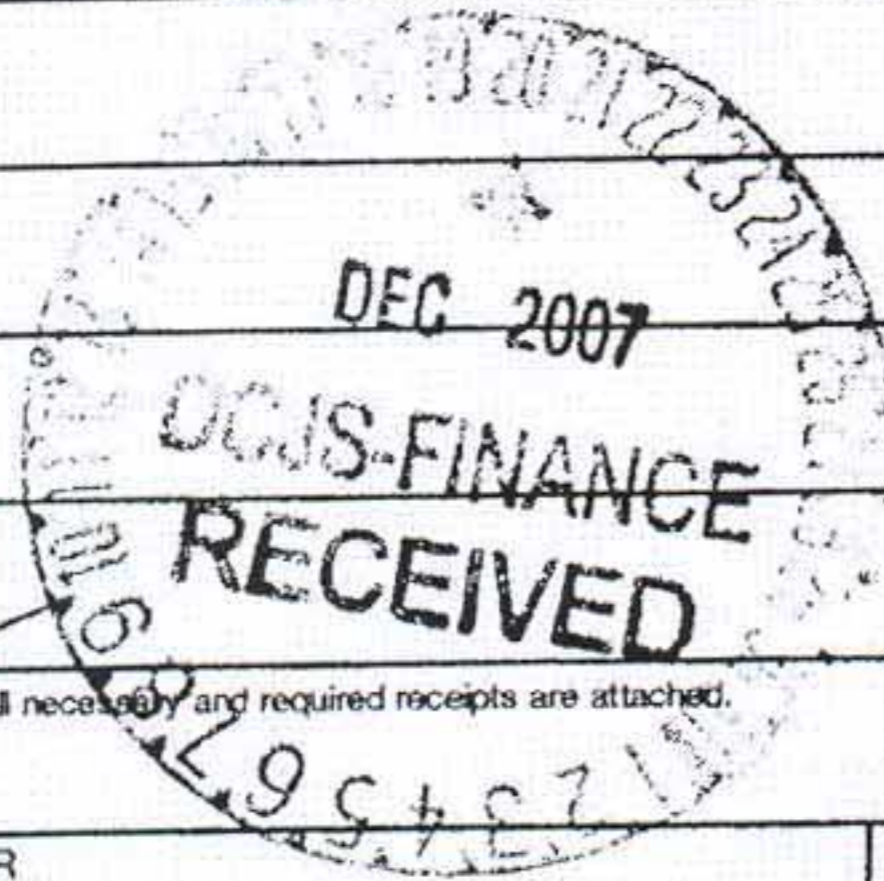
SIGNATURE OF TRAVELER: **[Signature]** DATE: **12/13/07**

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.

TRAVELER'S SUPERVISOR: **[Signature]** DATE: **12/20/07**

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									
11/28	mileage to and from Rich to Rye	400	194.00					194	00
11/28	meal			1	10.00			10	00
11/29	hooking Holiday Inn					100.57		100	57
12/12	meal				7.60			7	60
12/12	mileage (Rich - Rye Road)	400	194.00					194	00
12/12	meal								
TOTALS					17.60			388.00	
						201.14		606	74



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

Initial: **[Signature]**

VOUCHER NUMBER: **01401**

DATE (MM/DD/YY): **12/13/07**

PURPOSE OF TRIP

CONFERENCE PRESENTATION EXTRADITIONS
 ATHLETICS INVESTIGATIONS FIELD WORK
 RECRUITMENT EDUCATION OTHER (EXPLAIN)
11/28 CSB Sub committee mtg.
12/12 CSB Meeting

TOTAL SHEET 2	
TOTAL SHEET 3	
GRAND TOTAL	606 74
AMOUNT ADVANCED	
Payment/(Due to Agency)	

TRANS	AGENCY	GLA	FUND		FFY	PROGRAM			OBJECT	REVENUE SOURCE	AMOUNT	PROJECT		
			FUND	DET		PROG	SUB	ELE				PROJECT	TK	PH
468	140		01	00	08	599	01	00	1282		388.00	10010		

INVOICE NUMBER: _____ DATE: _____ DUE DATE: _____

AGENCY REFERENCE: _____

DESCRIPTION: _____

CURRENT DOCUMENT NUMBER: _____ SX: _____

SUBSIDIARY ACCOUNT: _____ MULTI-PURPOSE: _____

CHECK IF CONTINUATION SHEET ATTACHED: