*Revised 05-03-2001* Travel Expense Reimbursement Form

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name:** |       |  | **Meeting Attended:** |       |  |
| **Affiliation:** |       |  |  |       |  |
| **Address:** |       |  | **Bill or Resolution No.** |       |  |
|  |       |  | **Date of Meeting:** |       |  |
| *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*  | Location: |       |  |
| *conduct of this business.* | Miles Reimbursed: |       |  |
| Traveler’s Signature  |  |  | From: |       | To |       |  |
| **Authorizing Signature** | (*Please Use Ink)* |  |  | **[ ]  One Way** | Or | **[ ]  Round Trip** |  |
| *(If Required)* | (*Please Use Ink)* |  |  |  |  |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** | **Total** |  |  |
| **Date of Expense** |       |       |       |       |       |       |     |  | **1134** |  |
| **Meals - Breakfast** |      |       |       |       |       |       |      |       | **1224** |  |
|  **Lunch** |       |       |       |       |       |       |       |       | **1227** |  |
|  **Dinner** |       |       |       |       |       |       |       |       | **1282** |  |
| **Lodging (attach orig. receipt)** |       |       |       |       |      |       |       |       | **1283** |  |
| **Parking/Tolls (attach orig. receipt)** |       |       |       |       |       |       |       |       | **1285** |  |
| **Fares: Aircraft, Bus, Car Rental, Train, Taxi, etc. (attach orig. receipt)** |       |       |       |       |       |       |       |       | **1287** |  |
| **Registration Fee** |       |       |       |       |       |       |       |       | **1288** |  |
| **Other Expenses** |       |       |       |       |       |       |       |       |  |  |
| **Mileage** |       |       |       |       |       |       |       |       | **Batch #** |
|  **MAIL TO: Fiscal Office, Senate of Virginia OR Fiscal Office, House of Delegates** **P.O. Box 396 P.O. Box 406** **Richmond, VA 23218 Richmond, VA 23218** | **TOTAL REIMBURSEMENT** |  | **Voucher #** |