*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 #** | | | | |