

# TRAVEL EXPENSE REIMBURSEMENT VOUCHER

DEPARTMENT, INSTITUTION, OR AGENCY

**VDSS - FACT Board**

PREPARE WITH INK OR TYPEWRITER. USE ADDITIONAL SHEETS WHEN NECESSARY

Name:	Tavares Floyd			
Address:	[REDACTED]			
City:	Alexandria			
State:	VA	Zip:	22305	
Vendor ID:	-	Suffix:		

## 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 BUSINESS.

STATE EMPLOYEE?

☐ YES ☒ NO

SIGNATURE OF TRAVELER

*[Signature]*

DATE

3/31/23

TITLE

Trustee- FACT Board

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

TRAVELER'S SUPERVISOR

DATE

1. DATE	2. LOCATION AT WHICH EXPENSE WAS INCURRED. POINTS BETWEEN WHICH TRAVEL WAS NECESSARY, METHOD OF TRANSPORTATION USED AND MILEAGE RATE ALLOWED. EACH DAYS EXPENSES MUST BE SHOWN SEPARATELY.	3. MILES TRAVELED	4. MILEAGE	5. AUTO EXPENSE (ITEMIZE IN SECOND COLUMN)	6. PER DIEM AMOUNT	7. LODGING	8. OTHER (ITEMIZE IN SECOND COLUMN)	AMOUNT
3/30/2023	Travel to and back from FACT Board of Trustees Meeting	198.2	129.82					129.82
3/31/2023	Travel to and back from FACT Sustainability Meeting	198.2	129.82					129.82
			0.00					0.00
			0.00					0.00
			0.00					0.00
			0.00					0.00
			0.00					0.00
I certify all computations are correct and that all necessary and required receipts are attached. Initial _____			<b>TOTALS</b>	259.64	0.00	0.00	0.00	259.64

VOUCHER NUMBER

DATE(MMDDYY)

### PURPOSE OF TRIP

- |                                      |   |   |
|--------------------------------------|---|---|
| <input type="checkbox"/> CONFERENCE  | <input type="checkbox"/> PRESENTATION   | <input type="checkbox"/> EXTRADITIONS               |
| <input type="checkbox"/> ATHLETICS   | <input type="checkbox"/> INVESTIGATIONS | <input type="checkbox"/> FIELD WORK                 |
| <input type="checkbox"/> RECRUITMENT | <input type="checkbox"/> EDUCATION      | <input checked="" type="checkbox"/> OTHER (EXPLAIN) |

FACT Board Meeting & Sustainability Planning Meeting at CA Human Services

TOTAL SHEET 2

0.00

**GRAND TOTAL**

259.64

**AMOUNT ADVANCED**

**Payment/(Due to Agency)**

259.64

TRANS	AGENCY	GLA	FUND		FFY	PROGRAM			OBJECT	REVENUE SOURCE	AMOUNT	PROJECT		
			FUND	DET		PROG	SUB	ELE				PROJECT	TK	PH
					2023									
COST CODE	FIPS	PSD	AGENCY REFERENCE			INVOICE		DUE DATE	REFERENCE DOC					
						DATE	NUMBER		MM DD YY	NUMBER	SX			
DESCRIPTION						CURRENT DOCUMENT		SUBSIDIARY ACCOUNT	MULTI-PURPOSE	1099				
						NUMBER	SX							
I Initialed 12/27/21 for 2022														

☐ CHECK IF CONTINUATION SHEET ATTACHED