Appendix Q

College of William and Mary
Travel Expense Reimbursement Voucher

Department	
Name	
Address	
City, State, Zip	
Banner ID	

IF PERSONAL VEHICLE WAS USED, INDICATE REASON:

__ Personal vehicle cost beneficial to state
__ State vehicle unavailable / inaccessible
__ State vehicle available / not requested
__ Not a state employee

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, Date	Sign HERE only - Do NOT Fill out any other part of this form.
Title	

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.

Signature of Traveler's Supervisor Print Name Date

DATE 2008	LOCATION AT WHICH EXPENSE WAS INCURRED, POINTS BETWEEN WHICH TRAVEL WAS NECESSARY, METHOD OF TRANSPORTATION USED AND MILEAGE RATE ALLOWED. **INCLUDE DEPARTURE AND RETURN TIMES.**	MILES TRAVELED	MILEAGE OR FARES	M&IE AMOUNT	LODGING	OTHER (ITEMIZE IN SECOND COLUMN)	AMOUNT
	TOTALS --->						

Form prepared by:_____ Ext. _____

Invoice No.		Reference	
Description			

Total from Sheet 2	
Total from Sheet 3	
GRAND TOTAL	

PURPOSE: ☐ CONFERENCE ☐ TRAINING ☐ FIELD WORK ☐ EDUCATION ☐ RESEARCH ☐ OTHER: _____

Index					
Account					
Amount					