**TRAVEL EXPENSE REIMBURSEMENT VOUCHER**

**JMU**

**STATE EMPLOYEES ONLY - PERSONAL VEHICLE USE STATEMENT**

**DEDUCT COMMUTING MILEAGE**

**Contact Person**

**Phone #**

**Fax #**

**MSC**

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**PREPARE WITH INK, USE ADDITIONAL SHEETS WHEN NECESSARY**

**NAME**

**ADDRESS**

**CITY**

**STATE**

**ZIP CODE**

**SIGNATURE OF TRAVELER**

**STATE EMPLOYEE ?**

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**DATE**

**LOCATION AT WHICH EXPENSE WAS INCURRED**

**POINTS BETWEEN WHICH TRAVEL WAS NECESSARY**

**METHOD OF TRANSPORTATION USED**

**EACH DAYS EXPENSES MUST BE SHOWN SEPARATELY**

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**DEPT ID**

**ACCT. NO.**

**AMOUNT**

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**PURPOSE OF THE TRIP**

- **CONFERENCE**
- **PRESENTATION**
- **ATHLETICS**
- **EXTRADITIONS**
- **INVESTIGATIONS**
- **FIELD WORK**
- **RECRUITMENT**
- **EDUCATION**
- **OTHER (EXPLAIN BELOW)**

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**FOR ACCOUNTS PAYABLE USE ONLY**: I certify that all computations are correct and that all required receipts are attached. Initial

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**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. I CERTIFY THAT COMMUTING MILEAGE HAS BEEN DEDUCTED**

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**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.**

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**JMU**

**Contact Person**

**Phone #**

**Fax #**

**MSC**

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**Employee HR ID #**

**Student SA ID #**

**All others enter SSN #**

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**eVA Exclusion #**

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**TOTAL SHEET 2**

**GRAND TOTAL**

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**REVISED 04/19/12**