# 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 business for the Commonwealth.

<table>
<thead>
<tr>
<th>STATE EMPLOYEE?</th>
<th>Yes</th>
<th>No</th>
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</thead>
</table>

### Signature

### Title

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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 for the Commonwealth.

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<table>
<thead>
<tr>
<th>DATES SUMMARIZED</th>
<th>DAILY EXPENDITURES</th>
<th>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.</th>
<th>MILEAGE OR AIRFARES TOTAL COST</th>
<th>M&amp;IE AMOUNT (SEPARATE AMOUNTS PER DAY)</th>
<th>LODGING (SEPARATE AMOUNTS DO NOT LUMP TOGETHER)</th>
<th>OTHER TAXI, TOLLS, GAS, TIPS, SUPPLIES</th>
<th>TOTAL EXPENDITURES PER DAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUMMARIZE DAILY</td>
<td>EXPENDITURES</td>
<td>ONLY ONE LINE PER DATE</td>
<td>TOTAL AMOUNT</td>
<td>AMOUNT</td>
<td>AMOUNT</td>
<td>AMOUNT</td>
<td>AMOUNT</td>
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</tbody>
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**Signature of Agency Designee**

**Print Name**

**Date**

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Form Prepared by: ____________________________ Ext: ______________

**Travel Advance Number**

**Travel Purpose Description**

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**For Accounting Use ONLY:**

**Authorized Lodging Rate** ____________ **Per Diem Amount** ____________

<table>
<thead>
<tr>
<th>PURPOSE:</th>
<th>CONFERENCE</th>
<th>TRAINING</th>
<th>FIELD WORK</th>
<th>EDUCATION</th>
<th>RESEARCH</th>
<th>OTHER</th>
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<tbody>
<tr>
<td>Index</td>
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<tr>
<td>Account</td>
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