

Traveler Information	Trip Information
Name	Destination
Home Address	Departure - date / / Time
City State Zip	Return - date / / Time
Home Phone: Work Phone:	Purpose of Trip <input type="checkbox"/> Committee Meeting: <input type="checkbox"/> Conference/Workshop: <input type="checkbox"/> Other (Explain):
Email:	
State Employee? ___Yes ___No	

Mileage Reimbursement for Personal Vehicle				
Date	Points between which travel occurred	Total Miles Traveled	Rates Allowed (cents per mile)	Total Mileage Reimbursement (# miles X rate per mile)

Parking and Tolls	
Enterprise or Other Rental Car Expense	
Gas Expense for Enterprise or Other Rental Car	

Overnight Expenses						
Date						
Meal & Incidental Expense						
Free Meal(s) Provided (B, L,D)						
Per Diem Amount Claimed						
Lodging						
Other - Itemize below						

	Total Reimbursement	
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I hereby certify that expenses listed on this voucher 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. These expenses have not been previously claimed. Neither have they been nor will they be presented to an organization other than GMU.

Signature of Traveler _____ Date _____