



## Virginia Latino Advisory Board

### Travel Reimbursement Guidelines

**1. Access the Per Diem calculator:** <http://perdiemcalc.net/gsa/>

Plug in the dates, and make sure you select "VA" - and scroll down in the list to see if there is a special category. (There is a standard VA rate, but places like NoVa, VA Beach, etc. often have more generous rates.)

**2. Fill out the Excel sheet electronically. (attached)**

Use the per diem calculator to fill in food costs and support any lodging fees. Insert the mileage and the sheet will calculate the cost automatically. Use mine as a guide, attached. Some tips:

- a. Use only one horizontal line per calendar date.
- b. Include descriptions of expenses in second column.
- c. Note, the room rate for VA Beach is \$185, but that is pre-tax, so submit the entire cost.
- d. Make sure you fill out ALL the information on the form, including marking "Personal Vehicle" and "Not state employee" in top right (if that's accurate for you) and the purpose of the trip. I marked those in **blue** on my form to show where.

**3. Print out ALL supporting documentation.**

Excel sheet; screenshot of Per Diem calculator (print from webpage or save image and print); ALL receipts including hotel, tolls, train tickets, metro, parking receipts, etc., etc. If you drive, please include Google map printout showing mileage.

**4. Sign AND initial your Excel sheet.**

Sign and initial; I've circled mine in **pink** so you can see where.

**5. Mail it to Kenneth.**

Kenneth Crawford

1111 E. Broad St.

Richmond, VA 23219

Kenneth requires original signatures, so email .pdf doesn't count.

If you have questions, you can ask Kenneth Crawford directly, or ask Diana. Kenneth can be reached at [Kenneth.crawford@governor.virginia.gov](mailto:Kenneth.crawford@governor.virginia.gov) and [804-786-8294](tel:804-786-8294). Diana can be reached at [dcvallllobera@gmail.com](mailto:dcvallllobera@gmail.com) or 787-375-3910.

**TRAVEL EXPENSE REIMBURSEMENT VOUCHER**

DEPARTMENT, INSTITUTION, OR AGENCY

**VLAB - Commerce & Trade**

PREPARE WITH INK OR TYPEWRITER. USE ADDITIONAL SHEETS WHEN NECESSARY

**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

*J. C. Hall-Mobera*

DATE

06/20/17

TITLE **VLAB Member**

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	
6/8/2017	NoVa to VA Beach; Tolls; hotel in VA Beach	209	111.82	35.95	44.25	212.90		404.92	
6/9/2017	VA Beach to NoVa; tolls.	209	111.82	5.05	44.25			161.12	
			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 <i>JCH</i>		<b>TOTALS</b>		223.63	41.00	88.50	212.90	0.00	566.03
VOUCHER NUMBER _____		DATE(MMDDYY) _____		<b>TOTAL SHEET 2</b>				0.00	
<b>PURPOSE OF TRIP</b> <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"/> <b>OTHER (EXPLAIN)</b> <b>VLAB Quarterly Meeting</b>									
<b>GRAND TOTAL</b>								566.03	
<b>AMOUNT ADVANCED</b>									
<b>Payment/(Due to Agency)</b>								566.03	

TRANS	AGENCY	GLA	FUND		FFY	PROGRAM			OBJECT	REVENUE SOURCE	AMOUNT	PROJECT		
			FUND	DET		PROG	SUB	ELE				PROJECT	TK	PH
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	CHECK IF			
						NUMBER	SX				<input type="checkbox"/> CONTINUATION SHEET ATTACHED			

# TRAVEL EXPENSE REIMBURSEMENT VOUCHER

DEPARTMENT, INSTITUTION, OR AGENCY

**VLAB - Commerce & Trade**

PREPARE WITH INK OR TYPEWRITER. USE ADDITIONAL SHEETS WHEN NECESSARY

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: **VA** Zip: \_\_\_\_\_ - \_\_\_\_\_

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
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STATE EMPLOYEE?  YES  NO

SIGNATURE OF TRAVELER \_\_\_\_\_ DATE \_\_\_\_\_

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								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>	0.00	0.00	0.00	0.00	0.00	
VOUCHER NUMBER _____ DATE(MMDDYY) _____			PURPOSE OF TRIP				TOTAL SHEET 2		0.00
<input type="checkbox"/> CONFERENCE <input type="checkbox"/> ATHLETICS <input type="checkbox"/> RECRUITMENT			<input type="checkbox"/> PRESENTATION <input type="checkbox"/> INVESTIGATIONS <input type="checkbox"/> EDUCATION				<input type="checkbox"/> EXTRADITIONS <input type="checkbox"/> FIELD WORK <input type="checkbox"/> OTHER (EXPLAIN)		0.00
							<b>GRAND TOTAL</b>		0.00
							<b>AMOUNT ADVANCED</b>		
							<b>Payment/(Due to Agency)</b>		0.00

TRANS	AGENCY	GLA	FUND		FFY	PROGRAM			OBJECT	REVENUE SOURCE	AMOUNT	PROJECT		
			FUND	DET		PROG	SUB	ELE				PROJECT	TK	PH
COST CODE	FIPS	PSD	AGENCY REFERENCE			INVOICE			DUE DATE		REFERENCE DOC			
DESCRIPTION						CURRENT DOCUMENT		SUBSIDIARY ACCOUNT	MULTI-PURPOSE	1099	CHECK IF			
						NUMBER	SX				<input type="checkbox"/> CONTINUATION SHEET ATTACHED			