



Journal Entry

Business Unit **14000** Journal Date **12/20/2019** Period **06** Journal ID **0001401505**

Total Debits **\$ 39.67** Total Credits **\$ (39.67)** Lines **2**

Balance	Source	Reference	Description
NO	ONL		Move November 2019 gas charges from 15 In-House to 16 In-House JDP grants

Prepared : **Nichole Krol** Date : **12/20/2019**

Entered : **Nichole Krol** Date : **12/20/2019**

Approved : *[Signature]* Date : **12.23.19**

Posted: _____ Date: _____

To the Comptroller: It is hereby certified that the request for disbursements of State fund specified herein has been reviewed by me and is accurate to the best of my knowledge and belief. The amounts itemized are considered to be legitimate and proper charges to the appropriations indicated herein, and are hereby approved for payment. These payments have not been previously authorized. This certification applies to goods or services received or performed, refunds, petty cash reimbursements, and travel expenses.

Signature of Approving Officer: *[Signature]*
 Printed Name: **Morrice L. Darden**
 Title: _____

Comments : _____

<https://grants.oio.usdoj.gov/gprs/welcome>

Business Unit: 14000
 Journal Date: 12/20/2019
 Journal ID: 00001401505
 Period: **06**

Prepared / Entered By: Nichole Kra
 Approved By: _____
 Posted By: _____

Date: 12/20/2019
 Date: _____
 Date: _____

Total Debits	39.67
Total Credits	(39.67)

Long Description: **Move November 2019 gas charges from 15 In-House to 16 In-House JJDp grants**

Ledger Group (if using spreadsheet/journal, enter ledger in caps): _____ ACTUALS _____ Source: _____ ONL _____ (e.g., ONL - online, ATA - agency-to-agency, SPJ - spreadsheet, etc.)

Line	Unit	Account	Speedtype	Fund	Program	Department	Cost Center	Task	FIPS	Agency Use 1	Agency Use 12	Project	Amount	Reference	Journal Line Description
1	14000	5013230		10000	390002	10320	.					CLS7018	(39.67)		Move Nov Gas Charges
2	14000	5013230		10000	390002	10320						0000116466	39.67		Move Nov Gas Charges



Voucher Transmittal

12/20

Business Unit
14000

Accounting Date
12/18/2019

VOUCHER/REPORT ID
00020218

Period
06

Payee Name
MANSFIELD OIL COMPANY

Invoice Number
SQLCD-563463

Total Payment Amount
\$ 327.62

Invoice Date
12/2/2019

Invoice Receipt Date
12/2/2019

Goods & Services Date
11/30/2019

Payment Terms
30

DUE DATE
1/2/2020

Description / Reference
POSTING PERIOD 11/16/19-11/30/19

Check Reference #
Payment Date

Certification Statement for Preparer:
I certify that the related goods/services are appropriately documented as received and the invoiced amounts are correctly calculated.

Signature of Preparer
Nina Pittman-Smith
Printed Name
Nina Pittman-Smith
Title
AP Accountant

Certification Statement for Approver:
I certify that this expenditure is necessary to conduct business on behalf of the Commonwealth and the invoiced amounts are appropriately charged.

Signature of Approving Officer
Karen Roth 12-2-19
Printed Name
Karen Roth
Title
Sr. Accountant



Voucher Summary Distribution

Fiscal Year 2020

Voucher ID#	Actg Date	Accounting Period	Payee Name	Invoice #	Invoice Date	Invoice Receipt Date	Goods & Services Date	Due Date	Total Payment Amount
00020218	12/18/2019	06	MANFIELD OIL COMPANY	SOLCD-663463	12/22/2019	12/22/2019		1/1/2020	\$327.62

Distribution Lines

Line	Unit	Distribution Amount	Fund	Program	Project	Account	Dept	Task	Cost Center	Description Reference2
1	14000	146.87	10000	390004	CSS5601701	5013230 10330		ADMIN		POSTING PERIOD 11/6/19-
2	14000	39.67	10000	390002	CIS87018	5013230 10320				POSTING PERIOD 11/6/19-
3	14000									POSTING PERIOD 11/6/19-
4	14000									POSTING PERIOD 11/6/19-
5	14000									POSTING PERIOD 11/6/19-
Total \$ 327.62										

Entered By / Date: Nina Plumb Smith 12/22/2019

Approved By / Date: Karen Roth 12-20-19

I AGREE TO HEADER

October 2018
3

Exceptions: Vendor Name: Mansfield Oil Company \$327.62
 Purchase Order #: Invoice Date: 12/2/1912/19
 Due Date: 12/18/19

Approval to Pay: [Signature] Date: 12.6.19

I certify that the merchandise or service included on the attached invoice was received in good condition and/or in accordance with the related contract or purchase order and DCJS owes the amount as prescribed.

Fund Code	Project Code	Program Code	Cost Center	Task	Department Code	Amount or %
01000		303003	70023		10730	\$31.36
10000	CJ55601701	390004		ADMIN	10330	\$146.87
01000		303003	70022		10720	\$85.37
10000	CJ587018	390007			10320	\$39.67
01000		303003	70021		10710	\$24.35

TO: Monica Darden
 FROM: Nina Pittman-Smith
 DATE: December 2, 2019
 REPLY BY: December 9, 2019
 RE: Mansfield Oil Company \$327.62

Please provide the requested information and return it along with this form to the Finance Section

Virginia Department of Criminal Justice Services | Financial Services
PAYMENT APPROVAL



15 ~~Sweets~~ VYGR Retail COLONIAL HEIGHT, VA 0.00 01 UNLEADED 11/18/2019 2110 4.57 \$10.10 ✓ \$8.82 AM

Total for Vehicle ID: 014005 0.00

13 ~~Stables~~ VYGR Retail COLONIAL HTS, VA 0.00 01 UNLEADED 11/14/2019 1519 10.23 \$22.50 ✓ \$19.74 M

11 VYGR Retail COLONIAL HTS, VA 0.00 01 UNLEADED 11/20/2019 1517 10.46 \$23.00 ✓ \$19.93 M

Total for Vehicle ID: 014006 0.00

14 Felts VYGR MOBIL ABINGDON, VA 0.00 01 UNLEADED 11/14/2019 1226 22.13 \$50.00 ✓ \$41.99 M

11 VYGR MOBIL CHARLOTTESVILLE, VA 0.00 01 UNLEADED 11/15/2019 0745 7.52 \$17.00 ✓ \$14.37 M

14 Miznaelis VYGR Murphy Oil CHESTER, VA 0.00 01 UNLEADED 11/18/2019 2048 12.62 \$26.86 ✓ \$24.35 AM

Total for Vehicle ID: 014007 0.00

18 ~~Stary~~ VYGR Shell - Equiva RICHMOND, VA 0.00 01 UNLEADED 11/25/2019 1942 5.68 \$13.07 ✓ \$11.18 AM

Bassett

Total for S1:-	172.28	\$383.45	\$327.62
Total for S1:-	172.28	\$383.45	\$327.62
Total for Customer ID: 15320	172.28	\$383.45	\$327.62
Total for Account Code: 15320	172.28	\$383.45	\$327.62
Total for	172.28	\$383.45	\$327.62
Grand Total:	172.28	\$383.45	\$327.62

more to 000011 vehicle per Greg Hopkins

Exception Codes:

2-0 = Multiple Fuelings
D = Duplicate

H = High Grade
V = Aviation

W = Weekend
R = Properly

A = Off Hours (Not between 6am - 7pm)
E = Emergency/ P/In Used (MOC Assigned)

