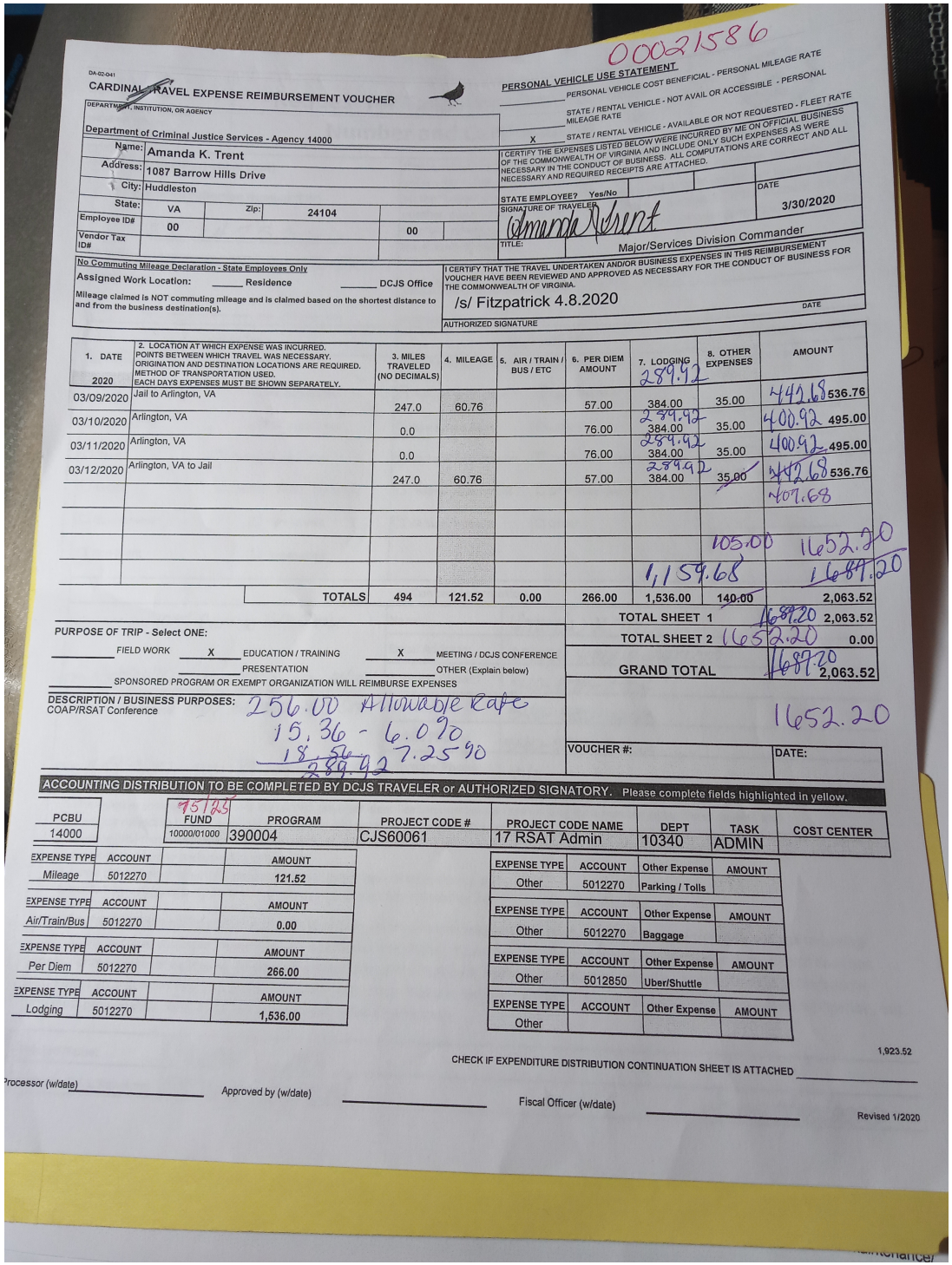

00021586

DA-02-041

CARDINAL TRAVEL EXPENSE REIMBURSEMENT VOUCHER

DEPARTMENT, INSTITUTION, OR AGENCY: Department of Criminal Justice Services - Agency 14000

Name:	Amanda K. Trent
Address:	1087 Barrow Hills Drive
City:	Huddleston
State:	VA
Zip:	24104
Employee ID#	00
	00
Vendor Tax ID#	

PERSONAL VEHICLE USE STATEMENT

_____ PERSONAL VEHICLE COST BENEFICIAL - PERSONAL MILEAGE RATE

_____ STATE / RENTAL VEHICLE - NOT AVAIL OR ACCESSIBLE - PERSONAL MILEAGE RATE

X STATE / RENTAL VEHICLE - AVAILABLE OR NOT REQUESTED - FLEET RATE

I CERTIFY THE 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. ALL COMPUTATIONS ARE CORRECT AND ALL NECESSARY AND REQUIRED RECEIPTS ARE ATTACHED.

STATE EMPLOYEE? Yes/No

SIGNATURE OF TRAVELER: Amanda Trent — DATE: 3/30/2020

TITLE: Major/Services Division Commander

No Commuting Mileage Declaration - State Employees Only

Assigned Work Location: _____ Residence _____ DCJS Office

Mileage claimed is NOT commuting mileage and is claimed based on the shortest distance to and from the business destination(s).

I CERTIFY THAT THE TRAVEL UNDERTAKEN AND/OR BUSINESS EXPENSES IN THIS REIMBURSEMENT VOUCHER HAVE BEEN REVIEWED AND APPROVED AS NECESSARY FOR THE CONDUCT OF BUSINESS FOR THE COMMONWEALTH OF VIRGINIA.

AUTHORIZED SIGNATURE: /s/ Fitzpatrick 4.8.2020 — DATE

1. DATE 2020	2. LOCATION AT WHICH EXPENSE WAS INCURRED. POINTS BETWEEN WHICH TRAVEL WAS NECESSARY. ORIGINATION AND DESTINATION LOCATIONS ARE REQUIRED. METHOD OF TRANSPORTATION USED. EACH DAYS EXPENSES MUST BE SHOWN SEPARATELY.	3. MILES TRAVELED (NO DECIMALS)	4. MILEAGE	5. AIR / TRAIN / BUS / ETC	6. PER DIEM AMOUNT	7. LODGING	8. OTHER EXPENSES	AMOUNT
03/09/2020	Jail to Arlington, VA	247.0	60.76		57.00	384.00	35.00	536.76
03/10/2020	Arlington, VA	0.0			76.00	384.00	35.00	495.00
03/11/2020	Arlington, VA	0.0			76.00	384.00	35.00	495.00
03/12/2020	Arlington, VA to Jail	247.0	60.76		57.00	384.00	35.00	536.76
	TOTALS	494	121.52	0.00	266.00	1,536.00	140.00	2,063.52

TOTAL SHEET 1: 2,063.52

TOTAL SHEET 2: 0.00

GRAND TOTAL: 2,063.52

PURPOSE OF TRIP - Select ONE:

_____ FIELD WORK X EDUCATION / TRAINING X MEETING / DCJS CONFERENCE

_____ PRESENTATION _____ OTHER (Explain below)

_____ SPONSORED PROGRAM OR EXEMPT ORGANIZATION WILL REIMBURSE EXPENSES

DESCRIPTION / BUSINESS PURPOSES: COAP/RSAT Conference

VOUCHER #: DATE:

ACCOUNTING DISTRIBUTION TO BE COMPLETED BY DCJS TRAVELER or AUTHORIZED SIGNATORY. Please complete fields highlighted in yellow.

PCBU	FUND	PROGRAM	PROJECT CODE #	PROJECT CODE NAME	DEPT	TASK	COST CENTER
14000	10000/01000	390004	CJS60061	17 RSAT Admin	10340	ADMIN	

EXPENSE TYPE	ACCOUNT		AMOUNT
Mileage	5012270		121.52
Air/Train/Bus	5012270		0.00
Per Diem	5012270		266.00
Lodging	5012270		1,536.00

EXPENSE TYPE	ACCOUNT	Other Expense	AMOUNT
Other	5012270	Parking / Tolls	
Other	5012270	Baggage	
Other	5012850	Uber/Shuttle	
Other			

CHECK IF EXPENDITURE DISTRIBUTION CONTINUATION SHEET IS ATTACHED _____

Processor (w/date) _____ Approved by (w/date) _____ Fiscal Officer (w/date) _____

Revised 1/2020