

Request for Taxpayer Identification Number and Certification



<input checked="" type="checkbox"/> Social Security Number (SSN) <input type="checkbox"/> Employer Identification Number (EIN) <u>23 14 75 56 6</u>	Please select the appropriate Taxpayer Identification Number (EIN or SSN) type and enter your 9 digit ID number. The EIN or SSN provided must match the name given on the "Legal Name" line to avoid backup withholding. If you do not have a Tax ID number, please reference "Specific Instructions - Section 1." If the account is in more than one name, provide the name of the individual who is recognized with the IRS as the responsible party.
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Dunn & Bradstreet Universal Numbering System (DUNS) (see instructions) _____	Legal Name:	<u>Amanda Kelly Trent</u>
	Business Name:	

Entity Type	Entity Classification	Exemptions (see instructions)
<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> S-Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> C-Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Disregarded Entity <input type="checkbox"/> Estate <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Government <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit <input type="checkbox"/> Corporation	<input checked="" type="checkbox"/> Professional Services <input type="checkbox"/> Medical Services <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Legal Services <input type="checkbox"/> Real Estate Agent <input type="checkbox"/> Joint Venture <input type="checkbox"/> VA Local Government <input type="checkbox"/> Tax Exempt Organization <input type="checkbox"/> Federal Government <input type="checkbox"/> OTH Government <input type="checkbox"/> VA State Agency <input type="checkbox"/> Other	Exempt payee code (if any): (from backup withholding) _____ Exemption from FATCA reporting code (if any): _____

Contact Information		
Legal Address: <u>1087 Barrow Hills Drive</u> City: <u>Huddleston</u> State: <u>VA</u> Zip Code: <u>24104</u>	Name:	<u>Amanda K. Trent</u>
	Email Address:	<u>amanda.trent@wvarj.org</u>
	Business Phone:	<u>540-378-3704</u>
Remittance Address: <u>1087 Barrow Hills Drive</u> City: <u>Huddleston</u> State: <u>VA</u> Zip Code: <u>24104</u>	Fax Number:	<u>540-380-3143</u>
	Mobile Phone:	<u>540-597-3652</u>
	Alternate Phone:	<u>N/A</u>

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined later in general instructions), and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See instructions titled Certification

Printed Name:	<u>Amanda K. Trent</u>	
Authorized U.S. Signature:	<u>Amanda K. Trent</u>	Date: <u>3/30/2020</u>

Section 1 - Taxpayer Identification

Section 2 - Certification

CARDINAL TRAVEL EXPENSE REIMBURSEMENT VOUCHER



PERSONAL VEHICLE USE STATEMENT

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**

Vendor Tax ID#

PERSONAL VEHICLE COST BENEFICIAL - PERSONAL MILEAGE RATE

STATE / RENTAL VEHICLE - NOT AVAILABLE OR ACCESSIBLE - PERSONAL MILEAGE RATE

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 K. 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.

/s/ Fitzpatrick 4.8.2020

AUTHORIZED SIGNATURE DATE

1. DATE	2. LOCATION AT WHICH EXPENSE WAS INCURRED. POINTS BETWEEN WHICH TRAVEL WAS NECESSARY. ORIGIN AND DESTINATION LOCATIONS ARE REQUIRED. METHOD OF TRANSPORTATION USED. EACH DAY'S 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
2020								
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

PURPOSE OF TRIP - Select ONE:

FIELD WORK EDUCATION / TRAINING MEETING / DCJS CONFERENCE

PRESENTATION OTHER (Explain below)

SPONSORED PROGRAM OR EXEMPT ORGANIZATION WILL REIMBURSE EXPENSES

DESCRIPTION / BUSINESS PURPOSES:
COAP/RSAT Conference

TOTAL SHEET 1: 2,063.52
 TOTAL SHEET 2: 0.00
GRAND TOTAL: 2,063.52

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) _____

Google Maps

5885 W River Rd, Salem, VA 24153 to
2799 Richmond Highway, Arlington, VA

Drive 247 miles, 3 h 46 min

494 total miles

5885 W River Rd

Salem, VA 24153

Get on I-81 N from US-11 N/US-460 E

2 min (1.0 mi)

- ↑ 1. Head west on State Rte 639 toward US-11 N/US-460 E
- ↪ 2. Turn right onto US-11 N/US-460 E
- ↶ 3. Turn left onto State Rte 647
- ↗ 4. Turn right to merge onto I-81 N

Follow I-81 N and I-66 E to VA-110 S in Arlington. Take exit 75 from I-66 E

3 h 37 min (243 mi)

- ↗ 5. Merge onto I-81 N
- ↪ 6. Take exit 300 for I-66 E toward Front Royal/Washington
- ↪ 7. Continue onto I-66 E
- ▲ Toll road
- ↪ 8. Take exit 75 for VA-110 S toward I-395/US-1/Pentagon City/Crystal City/Reagan National Airport/Alexandria

Continue on VA-110 S. Drive to S Clark St

7 min (3.3 mi)

- ↑ 9. Continue onto VA-110 S
- ↶ 10. Keep left
- ↑ 11. Continue onto US-1 S

- ↩ 12. Use the left 2 lanes to turn left onto 23rd St S
194 ft
- ↪ 13. Turn right at the 1st cross street onto S Clark St
📍 Destination will be on the left
0.3 mi

2799 Richmond Hwy

Alexandria, VA 22301

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.



HYATT
REGENCY
 CRYSTAL CITY AT REAGAN
 NATIONAL AIRPORT

Hyatt Regency Crystal City
 2799 Richmond Highway
 Arlington, VA 22202
 Tel: 703-418-1234
 Fax: 703-418-1289
www.crystalcity.hyatt.com

INVOICE

Manda Trent
 885 W River Rd
 Arlington, VA 24153
 United States

Room No. 1134
 Arrival 2020-03-09
 Departure 2020-03-12
 Page No. 1 of 1
 Folio Window 1
 Folio No. 27004027

Confirmation No. 5386860901
 Group Name COAP National Training 2020

Date	Description		Charges	Credits
03-09-2020	Parking Valet	Room# 1134 : 054396 Trent	35.00	
03-09-2020	Group Room		281.00	
03-09-2020	State Occupancy Tax - 6.0%		16.86	
03-09-2020	County Occupancy Tax - 7.25%		20.37	
03-10-2020	Parking Valet	Room# 1134 : 054396 Trent	35.00	
03-10-2020	Group Room		281.00	
03-10-2020	State Occupancy Tax - 6.0%		16.86	
03-10-2020	County Occupancy Tax - 7.25%		20.37	
03-11-2020	Parking Valet	Room# 1134 : 054396 Trent	35.00	
03-11-2020	Group Room		281.00	
03-11-2020	State Occupancy Tax - 6.0%		16.86	
03-11-2020	County Occupancy Tax - 7.25%		20.37	
03-12-2020	Visa	XXXXXXXXXXXX1034		-1059.69
Total			1059.69	-1059.69

Guest Signature **Balance** 0.00

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges.

World of Hyatt Summary

Membership: XXXXXX789J
 Bonus Codes:
 Qualifying Nights: 3
 Eligible Spend: 948.00
 Redemption Eligible: 105.00

Summary Invoice, please see front desk for eligibility details.