



Voucher Transmittal

FY 20

Business Unit	Accounting Date	VOUCHER/REPORT ID	Period	Payee Name
14000	12/12/2019	00020136	06	DEPARTMENT OF BEHAVIORAL HEALTH

Invoice Number	Total Payment Amount
130	\$ 20,780.79

Invoice Date	Invoice Receipt Date	Goods & Services Date	Payment Terms	DUE DATE
12/6/2019	12/9/2019	12/3/2019	00	

Description / Reference	Check Reference #	Payment Date
COAP GRANT EXPENDITURES PD. 9/5/18-12/3/19 MOA# FY20-001		

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	<i>Nina Pittman-Smith</i>
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	<i>Karen Roth</i>
Printed Name	Karen Roth
Title	Sr. Accountant



Voucher Summary Distribution

Fiscal Year 2020

Header

Voucher ID#	00020136	Actg Date	12/12/2019	Accounting Period	06	Payee Name	DEPARTMENT OF BEHAVIORAL HEALTH	Invoice #	130	Invoice Date	12/6/2019	Invoice Receipt Date	12/9/2019	Goods & Services Date	12/3/2019	Due Date		Total Payment Amount	\checkmark \$20,780.79
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Distribution Lines

Line	Unit	Distribution Amount	Fund	Program	Project	Account	Dept	Task	Cost Center	Description / Reference 2
1	14000	20,780.79	\checkmark 10000	\checkmark 390002	\checkmark CIS46801	\checkmark 5014510	10340 \checkmark			COAP GRNAT EXPENDITURES FD. 9/5/18-12/3/19 MOAM FY20
2	14000									

Total \$

20,780.79

AGREES TO HEADER

Nina Pittman-Smith
12/19/2019

Entered By / Date

Nina Pittman-Smith

in her govt = 1451

Karen Roth 12-13-19

Approved By / Date

Karen Roth



Voucher Summary Distribution

Fiscal Year 2020

Header

Voucher ID#	Actg Date	Accounting Period	Payee Name	Invoice #	Invoice Date	Invoice Receipt Date	Goods & Services Date	Due Date	Total Payment Amount
00020136	12/12/2019	06	DEPARTMENT OF BEHAVIORAL HEALTH	130	12/6/2019	12/9/2019	12/3/2019		\$20,780.79

Distribution Lines

Line	Unit	Distribution Amount	Fund	Program	Project	Account	Dept	Task	Cost Center	Description Reference 2
1	14000	20,780.79	10000	390002	CIS46801	5014510	10340			COAP GRNAT EXPENDITURES PD. 9/5/18-12/3/19 MOAM FY20-
2	14000									

Total \$ 20,780.79 AGREES TO HEADER

Entered By / Date: Nina Pittman-Smith 12/12/2019

Approved By / Date: Karen Roth _____

Advanced Search Last Search Results

Search All Accounts Payable > Vouchers > Add/Update > Regular Entry

Summary Related Documents Invoice Information Payments Voucher Attributes Error Summary

Business Unit 14000
 Voucher ID 00020136
 Voucher Style Regular Voucher
 Invoice Date 12/06/2019
 Invoice Receipt Date 12/09/2019
 Goods & Services 12/03/2019
 Receipt Date

Invoice No 130
 Accounting Date 12/12/2019
 *Pay Terms 30
 Basis Date Type Inv Date
 Final Voucher

Supplier ID 0000100221
 ShortName COMMONWEAL-25
 Location EDHA
 *Address 4

Commonwealth of Virginia

Responsible Org 10230
 Customer Account #
 ROW Acquisition ID

Save Action: Run Calculate Print

Copy From Source Document

Invoice Lines 1 Copy Down SpeedChart Find | View All First 1 of 1 Last

*Distribute by Amount
 Item Ship To COVA
 Quantity Description: MOA# FY20-001 COAP Grnt Expend
 UOM Packing Slip
 Unit Price
 Line Amount 20,780.79
 Multi-SpeedCharts

Distribution Lines Personalize | Find | View All | First 1 of 1 | Last

Copy Down	Line	Merchandise Amt	GL Unit	Account	Fund	Program	Department	Task	Cost Center	PC Bus Unit	Project	Ac
	1	20,780.79	14000	50:4510	10000	990002	10340			14000	CJS46801	STA

Save Notify Refresh Add Update/Display

Invoice Total Non Merchandise Summary

Line Total	20,780.79
*Currency	USD
Miscellaneous	
Freight	
Total	20,780.79
Difference	0.00

Session Defaults
 Comments(0)
 Attachments(0)
 Template List
 Advanced Supplier Search
 Supplier Hierarchy
 Supplier 360

All Search

Advanced Search

Last Search Results

Favorites > Main Menu > Accounts Payable > Vouchers > Add/Update > Regular Entry

Summary Related Documents Invoice Information Payments Voucher Attributes Error Summary

Business Unit 14000
Voucher ID 00020136
Invoice No 130
Invoice Date 12/06/2019
Voucher Style Regular Voucher
Action Run

Total Amount 20,780.79
*Pay Terms 00 Due Now

Supplier Name Dept of Behavioral Health & Development

Payment 1
*Remit to: 0000100221
Location: EDI-JA
*Address: 4
Scheduled Due 12/06/2019
Net Due 12/06/2019
Discount Due
Accounting Date

Gross Amount 20780.79 USD
Discount 0.00 USD
Payment Inquiry
Express Payment
Payment Comments(0)
Holiday/Currency

Commonwealth of Virginia
PO Box 1797
VA00110567
EVAAD1088123
Richmond, VA 23218-1797

Payment Options
*Bank 1100
*Account TR01
*Method ACH
*Netting Not Applicable
L/C ID
*Handling Regular Payments
*Hold Reason
*Actions
Supplier Bank Messages Layout
 Hold Payment
 Separate Payment
Message: COAP Grant Expenditures Period: 9/5/19-12/3/19
Message will appear on remittance advic.

Schedule Payment
*Action Schedule Payment
Pay
Payment Date
Reference
Save
Notify Refresh
Add Update/Display

Business Unit 14000 Invoice No 130 [Run](#)
 Voucher ID 00020136 Invoice Date 12/08/2019 [Action](#)
 Voucher Style Regular Voucher
 Supplier ID 0000100221

Payment Details

Actions	Payment Status	Scheduled to Pay	Payment Reference	Remit SetID	Remit Supplier	Remitting Address	Payment Method	Gross Payment Amount	Paid Amount	Payment Currency
Add Update/Display	Not Selected for Payment	12/06/2019		STATE	0000100221		ACH	20,780.79		USD

**ATA INVOICE TO DCJS
COAP Grant Expenditures
Period: 9/5/18 - 12/3/19**

DATE: 12/6/2019

INVOICE #: 130

BILL TO: DCJS

Regional Workshops - Travel/Per-diem

	Piedmont (9/5/18- 9/6/18)	Western (9/26/18- 9/28/18)	Eastern (10/9/18- 10/10/18)	Central (10/25/19)	Northern (10/30/18- 10/31/18)	Total
R. Robinson	356.96	330.82	169.41	0	164.99	
J. Braswell	88.50	330.82	195.41	0	164.99	
D. Becker	209.73		169.41	0		
J. Morriss					164.99	
Total	\$655.19	\$661.64	\$534.23	\$0	\$494.97	\$2,346.03

Regional Workshops Supplies

Purchase Order	222.98
Purchase Order	46.42
Total	\$269.40

BJA/COAP Washington DC Meeting (March 14th 2019) - Travel/Lodging/Per-diem

J Braswell - Total	\$836.10
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October 10, 2019 VA Beach Training

Lodging	16,195.26
AV	720.00
Panel Member Per-Diem Reimbursement (\$69*6) Russel, Pierce, Jones, Hudson, Bruce, Trent*	414.00
Total	\$17,329.26

* Amanda Trent's Reimbursement is in process as of 12/3/19

Total: \$20,780.79



Recd
in
Agency
12/9/19
←
Okay to Pay
Amey

TRAVEL EXPENSE REIMBURSEMENT VOUCHER

Virginia DHDS - Agency 720

ARE YOU A DBHDS EMPLOYEE (AGY 720) YES NO

Signature of Traveler: *Rosalyn Robinson*

DATE 9/12/18

Traveler's Title: Behavioral Health/Criminal Justice Consultant

I certify expenses listed below were incurred by me on official business of the Commonwealth of VA & include only expenses necessary in the conduct of this business.

Signature of Traveler's Supervisor: *C. Schein*

DATE 9/12/18

Supervisor's Printed Name: Christine Schein

I certify the travel covered by this reimbursement voucher has been reviewed and is approved as necessary for the conduct of business for the Commonwealth.

NOTE: For Travel on or After January, 2018
 "Complete all areas shaded in BLUE"

OFFICIAL BASEPOINT:

NAME: Rosalyn Robinson
 ADDRESS: 3241 Cliff Avenue
 CITY: Richmond
 STATE: Virginia ZIP: _____
 OFFICE PHONE: 804 483-8796
 EMPLOYEE ID #: 1285543

CHECK ONE BELOW: VEHICLE & MILEAGE INFORMATION

- Personal Vehicle --> Attach Trip Calculator & Mileage Confirmation
- State Vehicle
- Rental Vehicle Provided by State Agency
- Other Transportation: _____

Trip Calculator 2018 - Click Here
 Google Map Directions - Click Here
 GSA Lodging & Per Diem Rates Look-Up - Click Here
 VA Travel Regulations - (latest update) - Click Here

OVER 200 MILES PER-DAY-AVERAGE - MILEAGE RATE: 0.246
 UNDER 200 MILES PER-DAY-AVERAGE - MILEAGE RATE: 0.545

GENERAL SERVICE ADMINISTRATIVE - PER DIEM RATES

First & Last Days	A1	B1	C1	D1	E1	F1
75% DAYS	\$38.25	\$40.50	\$44.25	\$48.00	\$51.75	\$55.50
BREAKFAST	\$8.25	\$9.00	\$9.75	\$11.25	\$12.00	\$12.75
LUNCH	\$9.00	\$9.75	\$11.25	\$12.00	\$12.75	\$13.50
DINNER	\$17.25	\$18.00	\$19.50	\$21.00	\$23.25	\$25.50
INCIDENTALS	\$3.75	\$3.75	\$3.75	\$3.75	\$3.75	\$3.75
In Between Days	A2	B2	C2	D2	E2	F2
100% DAYS	\$51.00	\$54.00	\$59.00	\$64.00	\$69.00	\$74.00
BREAKFAST	\$11.00	\$12.00	\$13.00	\$15.00	\$16.00	\$17.00
LUNCH	\$12.00	\$13.00	\$15.00	\$16.00	\$17.00	\$18.00
DINNER	\$23.00	\$24.00	\$26.00	\$28.00	\$31.00	\$34.00
INCIDENTALS	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00

1. DATE YEAR	2. Location that traveler departed from and travelled to <small>Each day's expenses must be shown separately.</small>	3. MILEAGE RATE <small>0.545</small>	4. MILEAGE DOLLAR AMOUNT	5. Air/Train/Taxi/Uber <small>Itemize Col 2</small>	6. PER DIEM (MEALS) <small>See Rates Above</small>	7. LODGING (Per Day) <small>Include Taxes</small>	8. Parking / Tolls Gas / Other <small>Itemize Col 2</small>	TOTAL AMOUNT
9/5/18	DBHDS Central Office to Roanoke, Va. Home 2 Suites				C1 \$44.25	\$288.46 (JUSTIFY)		\$312.71
9/6/18	Roanoke, Va. to Richmond, Va.				C1 \$44.25			\$44.25
						SUBTRACT TOTAL MEALS PROVIDED		
						USE NEGATIVE SIGN		
TOTALS						\$88.50	\$268.46	\$356.96

I certify computations are correct and required receipts are attached.
 **Rounding of \$0.01 may reflect in some totals.

Fiscal Office Use Only
 VOUCHER NUMBER (Acctg Use) _____ DATE (mm/dd/yy) _____ (Acctg Use)

PURPOSE OF TRIP (REQUIRED)
 Field Work Meeting Conference Training Education Other, Explain
Facilitated Mini Cross Systems Mapping/Gap Analysis in Roanoke No

MEALS PROVIDED
The \$268.46 is for 2 rooms - 1 for Renee Robinson, 1 for Jana Braswell
"Print on Green Paper"

GRAND TOTAL \$356.96

TRANS	AGY	C.C.	FUND	ACCOUNT	PROJECT	TASK / PHASE	AMOUNT
	720						
	720						
	720						
	720						

This section below is for Fiscal Use Only

VENDOR: _____ INV DATE: _____

INDEX: _____ REC DATE: _____

INVT: _____ G/S DATE: _____

_____ DUE DATE: _____

TRAVEL EXPENSE REIMBURSEMENT VOUCHER

Virginia DBHDS - Agency 720

ARE YOU A DBHDS EMPLOYEE (AGY 720) YES NO

NOTE: For Travel on or After January, 2018

Signature of Traveler: Jana Braswell DATE 9-11-18

OFFICIAL BASEPOINT: Central Office

Traveler's Title: Jana Braswell

NAME: Jana Braswell

I certify expenses listed below were incurred by me in the business of the Commonwealth of VA. I include only expenses necessary in the conduct of this business.

ADDRESS: 12300 Hampton Valley Place

Signature of Traveler's Supervisor: C. Schein DATE 9/11/18

CITY: Chesapeake

Supervisor's Printed Name: Christine Schein

STATE: Va ZIP: 23832

I certify the travel covered by this reimbursement voucher has been reviewed and is approved as necessary for the conduct of business for the Commonwealth.

OFFICE PHONE: 804-786-1095

EMPLOYEE ID #: 274-56-77

GENERAL SERVICE ADMINISTRATIVE - PER DIEM RATES

TYPE & ORIGIN	A1	B1	C1	D1	E1	F1
75% DAYS	\$38.25	\$40.50	\$44.25	\$48.00	\$51.75	\$55.50
BREAKFAST	\$8.25	\$9.00	\$9.75	\$11.25	\$12.00	\$12.75
LUNCH	\$9.00	\$9.75	\$11.25	\$12.00	\$12.75	\$13.50
DINNER	\$17.25	\$18.00	\$19.50	\$21.00	\$23.25	\$25.50
INCIDENTALS	\$3.75	\$3.75	\$3.75	\$3.75	\$3.75	\$3.75
PER DIEM ORIGIN	A2	B2	C2	D2	E2	F2
100% DAYS	\$51.00	\$55.00	\$59.00	\$68.00	\$69.00	\$74.00
BREAKFAST	\$11.00	\$12.00	\$13.00	\$15.00	\$16.00	\$17.00
LUNCH	\$12.00	\$13.00	\$15.00	\$16.00	\$17.00	\$18.00
DINNER	\$23.00	\$24.00	\$26.00	\$28.00	\$31.00	\$34.00
INCIDENTALS	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00

CHECK ONE BELOW: VEHICLE & MILEAGE INFORMATION
 Personal Vehicle → Attach Trip Calculator & Mileage Confirmation
 State Vehicle
 Rental Vehicle Provided by State Agency
 Other Transportation: _____

The Calculator 2018 - Click Here
 Google Maps Directions - Click Here
 GSA Lodging & Per Diem Rates Look-Up - Click Here
 VA Travel Regulations - (latest update) - Click Here!

OVER 200 MILES PER-DAY-AVERAGE - MILEAGE RATE: 0.246
 UNDER 200 MILES PER-DAY-AVERAGE - MILEAGE RATE: 0.545

1. DATE YEAR	2. Location that traveler departed from and travelled to <i>Each day's expenses must be shown separately.</i>	3. MILEAGE		4. MILEAGE DOLLAR AMOUNT	5. Air/Train Tax / Uber <i>Reimburse Col 2</i>	6. PER DIEMS (MEALS) <i>See Rates Above</i>		7. LODGING <i>(Per Day) Include Taxes</i>	8. Parking / Tolls Gas / Other <i>Reimburse Col 2</i>	TOTAL AMOUNT
		0.545 RATE	0.246 RATE			TYPE	AMOUNT			
9/5/18	Richmond to Roanoke					C1	\$44.25			\$44.25
9/6/18	Roanoke to Richmond					C1	\$44.25			\$44.25
TOTALS							\$88.50			\$88.50

I certify computations are correct and required receipts are attached.
 **Rounding of \$0.01 may reflect in some totals.
 Fiscal Office Use Only
 VOUCHER NUMBER (Acctg Use) _____ DATE (mm/dd/yyyy) (Acctg Use) _____

PURPOSE OF TRIP (REQUIRED): Travel to Roanoke Virginia to administer Family Press systems mapping
 MEALS PROVIDED: _____
 Field Work _____
 Meeting _____
 Conference _____
 Training
 Education _____
 Other, Explain _____

TRANS	AGY	C.C.	FUND	ACCOUNT	PROJECT	TASK / PHASE	AMOUNT	This section below is for Fiscal Use Only	
	720							VENDOR:	INV DATE:
	720							INDEX:	REC DATE:
	720							INVT:	G/S DATE:
	720								DUE DATE:
	720							VCHRN:	TERMS:

TRAVEL EXPENSE REIMBURSEMENT VOUCHER

Virginia DBHDS - Agency 720

ARE YOU A DBHDS EMPLOYEE (AGY 720): YES NO

NOTE: For Travel on or After January, 2018
 Complete all areas shaded in BLUE

OFFICIAL BASEPOINT: Central Office
 NAME: Diana Becker
 ADDRESS: 421 Saybrook Drive
 CITY: Richmond
 STATE: VA ZIP: 23236
 OFFICE PHONE: 804-774-4483
 EMPLOYEE ID #: 7147065

Signature of Traveler: Diana Becker DATE: 9/10/18

Traveler's Title: Administrative Program Specialist

I certify expenses listed below were incurred by me in official business of the Commonwealth of VA & include only expenses necessary in the conduct of this business

Signature of Traveler's Supervisor: [Signature] DATE: 9/10/18

Supervisor's Printed Name: Angela Torres, PhD, Forensic Evaluation Oversight Manager

I certify the travel covered by this reimbursement voucher has been reviewed and is approved as necessary for the conduct of business for the Commonwealth.

CHECK ONE BELOW: VEHICLE & MILEAGE INFORMATION
 Personal Vehicle -> Attach Trip Calculator & Mileage Confirmation
 State Vehicle
 Rental Vehicle Provided by State Agency
 Other Transportation: _____

GENERAL SERVICE ADMINISTRATIVE - PER-DIEM RATES

Per & Last Day	A1	B1	C1	D1	E1	F1
75% DAYS	\$38.25	\$40.50	\$44.25	\$48.00	\$51.75	\$55.50
BREAKFAST	\$8.25	\$9.00	\$9.75	\$11.25	\$12.00	\$12.75
LUNCH	\$9.00	\$9.75	\$11.25	\$12.00	\$12.75	\$13.50
DINNER	\$17.25	\$18.00	\$19.50	\$21.00	\$23.25	\$25.50
INCIDENTALS	\$3.75	\$3.75	\$3.75	\$3.75	\$3.75	\$3.75
Per & Last Day	A2	B2	C2	D2	E2	F2
100% DAYS	\$51.00	\$54.00	\$59.00	\$64.00	\$69.00	\$74.00
BREAKFAST	\$11.00	\$12.00	\$13.00	\$15.00	\$16.00	\$17.00
LUNCH	\$12.00	\$13.00	\$15.00	\$16.00	\$17.00	\$18.00
DINNER	\$23.00	\$24.00	\$26.00	\$28.00	\$31.00	\$34.00
INCIDENTALS	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00

Trip Calculator 2018 - Click Here
 Google Map Directions - Click Here
 GSA Lodging & Per Diem Rates Look-up - Click Here
 VA Travel Regulations - (latest update) - Click Here

OVER 200 MILES PER-DAY-AVERAGE - MILEAGE RATE: 0:246
 UNDER 200 MILES PER-DAY-AVERAGE - MILEAGE RATE: 0:545

1. DATE YEAR	2. Location that traveler departed from and travelled to Each day's expenses must be shown separately.	3. MILEAGE RATE 0.545	4. MILEAGE DOLLAR AMOUNT	5. Air/Train Tax / Uber Itemize Col 2	6. PER DIEMS (MEALS) See Rates Above TYPE AMOUNT	7. LODGING (Per Day) Includes Taxes	8. Parking / Tolls Gas / Other Itemize Col 2	TOTAL AMOUNT
9/5/2018	travel day from Central Office to Roanoke, VA				C1 \$44.25	\$121.23		\$165.48
9/6/2018	return travel day from Roanoke, VA to Central Office				C1 \$44.25			\$44.25
						\$88.50	\$121.23	\$209.73

I certify computations are correct and require if receipts are attached.
 **Rounding of \$0.01 may reflect in some totals.
 Fiscal Office Use Only

VOUCHER NUMBER (Acctg Use) _____ DATE (mm/dd/yyyy) _____ (Acctg Use) _____

PURPOSE OF TRIP (REQUIRED): CARA Mini-Cross-System Mapping Workshop, provided by DBHDS

MEALS PROVIDED: _____

Field Work _____
 Meeting _____
 Conference _____
 Training
 Education _____
 Other, Explain _____

GRAND TOTAL \$209.73

TRANS	AGY	G.C.	FUND	ACCOUNT	PROJECT	TASK / PHASE	AMOUNT
	720						
	720						
	720						
	720						
	720						

This section below is for Fiscal Use Only

VENDOR: _____ INV DATE: _____
 INDEX: _____ REC DATE: _____
 INVB: _____ G/S DATE: _____
 _____ DUE DATE: _____
 VCHR#: _____ TERMS: _____

TRAVEL EXPENSE REIMBURSEMENT VOUCHER

via DBHDS - Agency 720

ARE YOU A DBHDS EMPLOYEE (AGY 720) YES NO

NOTE: For Travel on or After January, 2018
 Complete all areas shaded in BLUE

Signature of Traveler: *Rosalyn Renee Robinson*

DATE *10/12/18*

Traveler's Title: *BH/CT consultant*

I certify expenses listed below were incurred by me on official business of the Commonwealth of VA & include only expenses necessary in the conduct of this business.

Signature of Traveler's Supervisor: *C. Schein*

DATE *10/12/18*

Supervisor's Printed Name: *Christine Schein*

I certify the travel covered by this reimbursement voucher has been reviewed and is approved as necessary for the conduct of business for the Commonwealth.

OFFICIAL BASEPOINT:

NAME: **Rosalyn Renee' Robinson**

ADDRESS: **3241 Cliff Avenue**

CITY: **Richmond**

STATE: **Virginia** ZIP: _____

OFFICE PHONE: **(804) 482-8796**

EMPLOYEE ID #: **1285543**

CHECK ONE BELOW: **VEHICLE & MILEAGE INFORMATION**

Personal Vehicle → Attach Trip Calculator & Mileage Confirmation

State Vehicle

Rental Vehicle Provided by State Agency

Other Transportation _____

[Trip Calculator 2018 - Click Here](#)
[Google Map Directions - Click Here](#)
[GSA Lodging & Per Diem Rates Look-Up - Click Here](#)
[VA Travel Regulations - \(latest update\) - Click Here](#)

OVER 200 MILES	PER-DAY-AVERAGE - MILEAGE RATE:	<i>0.246</i>
UNDER 200 MILES	PER-DAY-AVERAGE - MILEAGE RATE:	<i>0.545</i>

GENERAL SERVICE ADMINISTRATIVE - PER DIEM RATES

First & Last Days	A1	B1	C1	D1	E1	F1
75% DAYS	\$38.25	\$40.50	\$44.25	\$48.00	\$51.75	\$55.50
BREAKFAST	\$8.25	\$9.00	\$9.75	\$11.25	\$12.00	\$12.75
LUNCH	\$9.00	\$9.75	\$11.25	\$12.00	\$12.75	\$13.50
DINNER	\$17.25	\$18.00	\$19.50	\$21.00	\$23.25	\$25.50
INCIDENTALS	\$3.75	\$3.75	\$3.75	\$3.75	\$3.75	\$3.75
In Between Days	A2	B2	C2	D2	E2	F2
100% DAYS	\$51.00	\$54.00	\$59.00	\$64.00	\$69.00	\$74.00
BREAKFAST	\$11.00	\$12.00	\$13.00	\$15.00	\$16.00	\$17.00
LUNCH	\$12.00	\$13.00	\$15.00	\$16.00	\$17.00	\$18.00
DINNER	\$23.00	\$24.00	\$26.00	\$28.00	\$31.00	\$34.00
INCIDENTALS	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00

1. DATE YEAR	2. Location that traveler departed from and travelled to Each day's expenses must be shown separately.	3. MILEAGE RATE 0.545 RATE	4. MILEAGE DOLLAR AMOUNT	5. Air / Train / Taxi / Uber Itemize Col 2	6. PER DIEMS (MEALS) See Rates Above TYPE AMOUNT	7. LODGING (Per Day) Include Taxes	8. Parking / Tolls / Gas / Other Itemize Col 2	TOTAL AMOUNT	
9/26/18	DBHDS Central Office in Richmond, Va. to Hilton Garden Inn in Bristol, Va.				A1 \$38.25	\$113.16		\$151.41	
9/27/18	Bristol Virginia Workshop				A2 \$51.00	\$113.16		\$164.16	
9/28/18	Bristol, Virginia to DBHDS Central Office				A1 \$38.25			\$38.25	
						SUBTRACT TOTAL MEALS PROVIDED (\$23.00)		(\$23.00)	
						TOTALS	\$104.50	\$226.32	\$330.82

I certify computations are correct and required receipts are attached.
 **Rounding of \$0.01 may reflect in some totals.
 Fiscal Office Use Only

VOUCHER NUMBER (Acctg Use) _____ DATE (mm/dd/yyyy) _____

PURPOSE OF TRIP (REQUIRED)	MEALS PROVIDED
Field Work Meeting Conference Training Education Other, Explain _____	Breakfast and Lunch were provided on 9/27/18
Print on Green Paper	
GRAND TOTAL	
\$330.82	

RATE A: \$31.00	RATE B: \$44.00	RATE C: \$19.00	RATE D: \$64.00	RATE E: \$59.00	RATE F: \$24.00		
TRANS	AGY	C.C.	FUND	ACCOUNT	PROJECT	TASK / PHASE	AMOUNT
	720						
	720						
	720						
	720						

This section below is for Fiscal Use Only

VENDOR: _____ INV DATE: _____

INDEX: _____ REC DATE: _____

INVI: _____ G/S DATE: _____

DUE DATE: _____

TRAVEL EXPENSE REIMBURSEMENT VOUCHER

Virginia DBHDS - Agency 720

ARE YOU A DBHDS EMPLOYEE (AGY 720)? YES NO

NOTE: For Travel on or After January, 2018

****Complete all areas shaded in BLUE****

OFFICIAL BASEPOINT: Central Office
 NAME: Jana Braswell
 ADDRESS: 12300 Hampton Valley Place
 CITY: Cheslerfield
 STATE: Va ZIP: 23832
 OFFICE PHONE: 804-786-1095
 EMPLOYER ID #: 274-56-77

Signature of Traveler: Jana Braswell DATE 10-2-18

Traveler's Title: Subject Consultant

Signature of Traveler's Supervisor: C. Schein DATE 10/2/18

Supervisor's Printed Name: Christine Schein

I certify the travel covered by this reimbursement voucher has been reviewed and is approved as necessary for the conduct of business for the Commonwealth.

CHECK ONE BELOW: VEHICLE & MILEAGE INFORMATION

- Personal Vehicle → Attach Trip Calculator & Mileage Confirmation
- State Vehicle
- Rental Vehicle Provided by State Agency
- Other Transportation: _____

[Trip Calculator 2018 - Click Here](#)
[Google Map Directions - Click Here](#)
[GSA Lodging & Per Diem Rates Look-Up - Click Here](#)
[VA Travel Regulations - \(latest update\) - Click Here](#)

OVER 200 MILES PER-DAY-AVERAGE - MILEAGE RATE: 0.246
 UNDER 200 MILES PER-DAY-AVERAGE - MILEAGE RATE: 0.645

GENERAL SERVICE ADMINISTRATIVE - PER DIEM RATES

Rate & Unit Day	A1	B1	C1	D1	E1	F1
75% DAYS	\$38.25	\$40.50	\$44.25	\$48.00	\$51.75	\$55.50
BREAKFAST	\$8.25	\$9.00	\$9.75	\$11.25	\$12.00	\$12.75
LUNCH	\$9.00	\$9.75	\$11.25	\$12.00	\$12.75	\$13.50
DINNER	\$17.25	\$18.00	\$19.50	\$21.00	\$23.25	\$25.50
INCIDENTALS	\$3.75	\$3.75	\$3.75	\$3.75	\$3.75	\$3.75
Rate & Unit Day	A2	B2	C2	D2	E2	F2
100% DAYS	\$51.00	\$54.00	\$59.00	\$64.00	\$69.00	\$74.00
BREAKFAST	\$11.00	\$12.00	\$13.00	\$15.00	\$16.00	\$17.00
LUNCH	\$12.00	\$13.00	\$15.00	\$16.00	\$17.00	\$18.00
DINNER	\$23.00	\$24.00	\$26.00	\$28.00	\$31.00	\$34.00
INCIDENTALS	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00

1. DATE YEAR	2. Location that traveler departed from and traveled to Each day's expenses must be shown separately.	3. MILEAGE		4. MILEAGE DOLLAR AMOUNT	5. Air /Train Tax / Uber / Itemize Col 2	6. PER DIEMS (MEALS) See Rates Above		7. LODGING (Per Day) Include Taxes	8. Parking / Tolls Gas / Other Itemize Col 2	TOTAL AMOUNT
		0.645 RATE	0.246 RATE			TYPE	AMOUNT			
9/26/18	Richmond to Bristol					A1	\$38.25	\$113.16		\$151.41
9/27/18	Bristol (breakfast/lunch provided) - Daylong workshop					A2	\$51.00	\$113.16		\$164.16
9/28/18	Bristol to Richmond					A1	\$38.25			\$38.25
						SUBTRACT TOTAL MEALS PROVIDED (\$23.00) USE NEGATIVE SIGN				(\$23.00)
TOTALS							\$104.50	\$226.32		\$330.82

I certify computations are correct and required receipts are attached.
 **Rounding of \$0.01 may reflect in some totals.
 Fiscal Office Use Only

VOUCHER NUMBER (Acctg Use) _____ DATE (mm/dd/yy) _____ (Acctg Use)

PURPOSE OF TRIP (REQUIRED): Travel to Bristol Virginia to administer a mini-cross systems mapping
 MEALS PROVIDED: breakfast + lunch provided at workshop (9/27/18)
Print on Green Paper

GRAND TOTAL \$330.82

TRANS	AGY	C.C.	FUND	ACCOUNT	PROJECT	TASK / PHASE	AMOUNT
	720						
	720						
	720						
	720						
	720						
	720						

This section below is for Fiscal Use Only

VENDOR: _____ INV DATE: _____
 INDEX: _____ REC DATE: _____
 INV#: _____ G/S DATE: _____
 _____ DUE DATE: _____
 VCHR#: _____ TERMS: _____

TRAVEL EXPENSE REIMBURSEMENT VOUCHER

Virginia DBHDS - Agency 720

NOTE: For Travel on or After January, 2018

Complete all areas shaded in BLUE

OFFICIAL BASEPOINT:

NAME: **Rosalyn Renee' Robinson**
 ADDRESS: **3241 Cliff Avenue**
 CITY: **Richmond**
 STATE: **Virginia** ZIP: **23222**
 OFFICE PHONE: **(804) 482-8796**
 EMPLOYEE ID #:

ARE YOU A DBHDS EMPLOYEE (AGY 720) YES _____ NO _____

Signature of Traveler: *Rosalyn Robinson*

DATE **10/15/18**

Traveler's Title: *Regional*

I certify expenses listed below were incurred by me on official business in the Commonwealth of VA & include only expenses necessary in the conduct of this business.

Signature of Traveler's Supervisor: *C. Schein*

DATE **10/15/18**

Supervisor's Printed Name: **Christine Schein**

I certify the travel covered by this reimbursement voucher has been reviewed and is approved as necessary for the conduct of business for the Commonwealth.

CHECK ONE BELOW: **VEHICLE & MILEAGE INFORMATION**

- Personal Vehicle ---> Attach Trip Calculator & Mileage Confirmation
 State Vehicle
 Rental Vehicle Provided by State Agency
 Other Transportation: _____

Trip Calculator 2018 - Click Here
 Google Map Directions - Click Here
 GSA Lodging & Per Diem Rates Look-Up - Click Here
 VA Travel Regulations - (latest update) - Click Here

OVER 200 MILES PER-DAY-AVERAGE - MILEAGE RATE: **0.246**
 UNDER 200 MILES PER-DAY-AVERAGE - MILEAGE RATE: **0.545**

GENERAL SERVICE ADMINISTRATIVE - PER DIEM RATES

First & Last Days	A1	B1	C1	D1	E1	F1
75% DAYS	\$38.25	\$40.50	\$44.25	\$48.00	\$51.75	\$55.50
BREAKFAST	\$8.25	\$9.00	\$9.75	\$11.25	\$12.00	\$12.75
LUNCH	\$9.00	\$9.75	\$11.25	\$12.00	\$12.75	\$13.50
DINNER	\$17.25	\$18.00	\$19.50	\$21.00	\$23.25	\$25.50
INCIDENTALS	\$9.75	\$9.75	\$9.75	\$9.75	\$9.75	\$9.75
In Between Days	A2	B2	C2	D2	E2	F2
100% DAYS	\$51.00	\$54.00	\$59.00	\$64.00	\$69.00	\$74.00
BREAKFAST	\$11.00	\$12.00	\$13.00	\$15.00	\$16.00	\$17.00
LUNCH	\$12.00	\$13.00	\$15.00	\$16.00	\$17.00	\$18.00
DINNER	\$23.00	\$24.00	\$26.00	\$28.00	\$31.00	\$34.00
INCIDENTALS	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00

1. DATE YEAR	2. Location that traveler departed from and travelled to Each day's expenses must be shown separately.	3. MILEAGE		4. MILEAGE DOLLAR AMOUNT	5. Air/Train Tax / Uber Itemize Col 2	6. PER DIEMS (MEALS See Rates Above)		7. LODGING (Per Day) Include Taxes	8. Parking / Tolls Gas / Other Itemize Col 2	TOTAL AMOUNT
		0.545 RATE	0.246 RATE			TYPE	AMOUNT			
10/9/18	DBHDS to Norfolk, Va. to Sheraton Norfolk Waterside					A1	\$38.25	\$110.18		\$148.41
10/10/18	G4-Mini Cross Systems Mapping/Gap Analysis Workshop and return to DBHDS Central Off					A1	\$38.25			\$38.25
						SUBTRACT TOTAL MEALS PROVIDED (\$17.25) USE NEGATIVE SIGN				(\$17.25)
TOTALS							\$59.25	\$110.16		\$169.41

I certify computations are correct and required receipts are attached.

**Rounding of \$0.01 may reflect in some totals.

Fiscal Office Use Only

VOUCHER NUMBER (Acctg Use)

DATE (mm/dd/yy)

(Acctg Use)

PURPOSE OF TRIP (REQUIRED)		MEALS PROVIDED
Field Work	Co-facilitate Mini XSM Mapping/Gap Analysis Workshop	Breakfast and lunch were provided on 10/10/18
Meeting		
Conference		
Training		
Education		
Other, Explain		

GRAND TOTAL \$169.41

Print on Green Paper

TRANS	AGY	C.C.	FUND	ACCOUNT	PROJECT	TASK / PHASE	AMOUNT
	720						
	720						
	720						
	720						

This section below is for Fiscal Use Only

VENDOR: _____ INV DATE: _____
 INDEX: _____ REC DATE: _____
 INVT: _____ G/S DATE: _____
 DUE DATE: _____

TRAVEL EXPENSE REIMBURSEMENT VOUCHER 8

Virginia DBHDS - Agency 720

ARE YOU A DBHDS EMPLOYEE (AGY 720) YES NO

NOTE: For Travel on or After January, 2018
Complete all areas shaded in BLUE

Signature of Traveler: Jana Braswell

DATE 10-12-18

OFFICIAL BASEPOINT: Central Office

Traveler's Title: BH/ET Consultant

NAME: Jana Braswell

I certify expenses listed below were incurred by me on official business of the Commonwealth of VA & include only expenses necessary in the conduct of the business.

ADDRESS: 12300 Hampton Valley Place

Signature of Traveler's Supervisor: C. Schein

DATE 10/12/18

CITY: Chesterfield

STATE: Va ZIP: 23832

Supervisor's Printed Name: Christine Schein

OFFICE PHONE: 804-786-1095

EMPLOYEE ID #: 274-56-77

I certify the travel covered by this reimbursement voucher has been reviewed and is approved as necessary for the conduct of business for the Commonwealth.

CHECK ONE BELOW: VEHICLE & MILEAGE INFORMATION

GENERAL SERVICE ADMINISTRATIVE - PER DIEM RATES

PER DIEM TYPE	A1	B1	C1	D1	E1	F1
75% DAYS	\$38.25	\$40.50	\$44.25	\$48.00	\$51.75	\$55.50
BREAKFAST	\$8.25	\$9.00	\$9.75	\$11.25	\$12.00	\$12.75
LUNCH	\$9.00	\$9.75	\$11.25	\$12.00	\$12.75	\$13.50
DINNER	\$17.25	\$18.00	\$19.50	\$21.00	\$23.25	\$25.50
INCIDENTALS	\$3.75	\$3.75	\$3.75	\$3.75	\$3.75	\$3.75
100% DAYS	A2	B2	C2	D2	E2	F2
BREAKFAST	\$11.00	\$12.00	\$13.00	\$15.00	\$16.00	\$17.00
LUNCH	\$12.00	\$13.00	\$15.00	\$16.00	\$17.00	\$18.00
DINNER	\$23.00	\$24.00	\$26.00	\$28.00	\$31.00	\$34.00
INCIDENTALS	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00

- Personal Vehicle —> Attach Trip Calculator & Mileage Confirmation
- State Vehicle
- Rental Vehicle Provided by State Agency
- Other Transportation:

[Trip Calculator 2018 - Click Here](#)
[Google Map Directions - Click Here](#)
[GSA Lodging & Per Diem Rates Look-Up - Click Here](#)
[VA Travel Regulations - \(latest update\) - Click Here](#)

OVER 200 MILES	PER-DAY-AVERAGE - MILEAGE RATE:	<u>0.246</u>
UNDER 200 MILES	PER-DAY-AVERAGE - MILEAGE RATE:	<u>0.645</u>

1. DATE	2. Location that traveler departed from and travelled to Each day's expenses must be shown separately.	3. MILEAGE RATE	4. MILEAGE DOLLAR AMOUNT	5. Air/Train Taxi / Uber/ Lyft	6. PER DIEM (MEALS) See Rates Above	7. LODGING (Per Day) Include Taxes	8. Parking / Tolls Gas / Other Itemize Col 2	TOTAL AMOUNT	
10/9/18	Richmond to Norfolk				A1	\$38.25	\$110.16	\$26.00	\$174.41
10/10/18	Norfolk Workshop, Norfolk to Richmond Breakfast and Lunch Included during workshop				A1	\$38.25			\$38.25
						SUBTRACT TOTAL MEALS PROVIDED (\$17.25) USE NEGATIVE SIGN			(\$17.25)
TOTALS						\$59.25	\$110.16	\$26.00	\$195.41
PURPOSE OF TRIP (REQUIRED) Field Work Meeting Conference Training Education Other, Explain		MEALS PROVIDED			GRAND TOTAL \$195.41				
Travel to Norfolk, Virginia to administer a mini-cross systems mapping									

TRANS	AGY	C.C.	FUND	ACCOUNT	PROJECT	TASK / PHASE	AMOUNT
	720						
	720						
	720						
	720						
	720						
	720						

This section below is for Fiscal Use Only

VENDOR:	INV DATE:
INDEX:	REC DATE:
INVR:	G/S DATE:
	DUE DATE:
VCHR#:	TERMS:

TRAVEL EXPENSE REIMBURSEMENT VOUCHER

Virginia DBHDS - Agency 720

ARE YOU A DBHDS EMPLOYEE (AGY 720) YES NO

NOTE: For Travel on or After October 01, 2018
 Complete all areas shaded in BLUE Submit TERY within 30 working days
 OFFICIAL BASEPOINT: Richmond Central Office
 NAME: Jana Braswell
 ADDRESS: 12300 Hampton Valley Place
 CITY: Chesterfield
 STATE: Va ZIP: 23832
 OFFICE PHONE: 804-786-1095
 EMPLOYEE ID#: 274-5677

Signature of Traveler: Jana Braswell DATE 11/2/18
Traveler must sign and submit TERY to their supervisor within 30 working days after trip.

Traveler's Title: BI/IS consultant
By signing this Expense Voucher, the traveler is certifying the accuracy of all information, the legitimacy of the travel, and the appropriateness of the expense.

Signature of Traveler's Supervisor: C Schein DATE 11/2/18
Supervisors must approve & submit TERY to Fiscal within 5 working days of Traveler's signed date

Supervisors Printed Name: Christine Schein
The signature of the traveler's supervisor certifies that he/she agrees that the travel was necessary and the requested reimbursements are proper.

CHECK ONE BELOW: VEHICLE & MILEAGE INFORMATION
 PER DIEM ONLY
 AIR/RAIL/OTHER
 OTHER TRANSPORTATION

INTERNET LINKS BELOW
[Trip Calculator 2018 - Click Here](#)
[Google Map Directions - Click Here](#)
[GSA Lodging & Per Diem Rates - Click Here](#)
[VA Travel Regulations - \(latest update\) - Click Here](#)

OVER 200 MILES PER-DAY-AVERAGE - MILEAGE RATE: 1.0246
 UNDER 200 MILES PER-DAY-AVERAGE - MILEAGE RATE: 0.545

GENERAL SERVICE ADMINISTRATIVE - PER DIEM RATES OCT. 01, 2018 - SEP 30, 2019

PER DIEM RATES	A1	B1	C1	D1	E1	F1
75% DAYS	\$41.25	\$42.00	\$45.75	\$49.50	\$53.25	\$57.00
BREAKFAST	\$9.75	\$9.75	\$10.50	\$12.00	\$12.75	\$13.50
LUNCH	\$10.50	\$11.25	\$12.00	\$12.75	\$13.50	\$14.25
DINNER	\$17.25	\$17.25	\$19.50	\$21.00	\$23.25	\$25.50
INCIDENTALS	\$3.75	\$3.75	\$3.75	\$3.75	\$3.75	\$3.75
100% DAYS	A2	B2	C2	D2	E2	F2
BREAKFAST	\$13.00	\$13.00	\$14.00	\$16.00	\$17.00	\$18.00
LUNCH	\$14.00	\$15.00	\$16.00	\$17.00	\$18.00	\$19.00
DINNER	\$23.00	\$23.00	\$26.00	\$28.00	\$31.00	\$34.00
INCIDENTALS	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00

1. DATE YEAR	2. Location that traveler departed from and traveled to <small>Each day's expenses must be shown separately.</small>	3. MILEAGE RATE <small>0.545</small>	4. MILEAGE DOLLAR AMOUNT	5. Air /Train/ Taxi / Uber <small>Itemize Col 2</small>	6. PER DIEMS (MEALS) <small>See Rates Above</small>	7. LODGING (Per Day) <small>Includes Taxes</small>	8. Parking / Tolls / Gas / Other <small>Itemize Col 2</small>	TOTAL AMOUNT	
10/31/18	Travel Richmond to Warrenton				A1 \$41.25	\$102.74		\$143.99	
10/30/18	Day of Workshop, Travel from Warrenton to Richmond Breakfast and Lunch provided				A1 \$41.25			\$41.25	
<small>CAPP Task 20255: It is expected that a good faith effort will be made to use the Enterprise Rental contract when practical. Generally, a personal automobile is considered cost beneficial when out-of-state travel is planned for distances up to 200 miles per day and</small>								\$520.25	
<small>Fiscal Office Use Only - The approved transactions have been reviewed by appropriate agency staff and is accurate to the best of their knowledge and belief. The amounts limited are considered to be legitimate and proper charges to the appropriations indicated therein, and are approved for payment. The payment has not been previously authorized. Rounding of 1 cent may reflect in some totals.</small>						TOTALS	\$62.25	\$102.74	\$164.99

PURPOSE OF TRIP (REQUIRED): Travel to Warrenton Virginia to administer a mini-cross systems mapping
 MEALS PROVIDED: 10/31/18 Breakfast: \$9.75 & Lunch \$10.50
 GRAND TOTAL: \$164.99
Print on Green Paper For Assistance Contact - CO 6th Floor - william.hayes@dbhds.virginia.gov or sheila.parsley@dbhds.virginia.gov

RATE A: \$55.00	RATE B: \$56.00	RATE C: \$61.00	RATE D: \$66.00	RATE E: \$71.00	RATE F: \$78.00		
TRANS	AGY	C.C.	FUND	ACCOUNT	PROJECT	TASK / PHASE	AMOUNT
	720						
	720						
	720						
	720						
	720						
	720						

This section below is for Fiscal Use Only

VENDOR: _____ INV DATE: _____
 INDEX: _____ REC DATE: _____
 INW#: _____ G/S DATE: _____
 _____ DUE DATE: _____
 VCHR#: _____ TERMS: _____

TRAVEL EXPENSE REIMBURSEMENT VOUCHER

Virginia DBHDS - Agency 720

ARE YOU A DBHDS EMPLOYEE (AGY 720) YES NO

NOTE: For Travel on or After October 01, 2018
 Complete all areas shaded in BLUE Submit TRV within 30 working days
 OFFICIAL BASEPOINT: Central Office
 NAME: Jessica Morris
 ADDRESS: 1220 Bank Street
 CITY: Richmond
 STATE: VA ZIP: 23219
 OFFICE PHONE: 8042983199
 EMPLOYEE ID #: 8900037

Signature of Traveler: *Jessie Morris* DATE 11/2/18
Traveler must sign and submit TRV to their supervisor within 30 working days after trip.

Traveler's Title: Administrative Office Specialist III
By signing this Expense Voucher, the traveler is certifying the accuracy of all information, the legitimacy of the travel, and the appropriateness of the expenses.

Signature of Traveler's Supervisor: *C. Schein* DATE 11/2/18
Supervisors must approve & submit TRV to Fiscal within 5 working days of Traveler's signed date

Supervisor's Printed Name: *Christine Schein*
The signature of the traveler's supervisor certifies that he/she agrees that the travel was necessary and the requested reimbursements are proper.

CHECK ONE BELOW: VEHICLE & MILEAGE INFORMATION
Personal Vehicle: Attach Mileage Confirmation, Google Maps, Mapquest, etc.
 State Vehicle: Attach Trip Calculator for EACH trip OVER 200 Miles Avg.
 Rental Vehicle: Attach Rental Agreement and Trip Calculator required for TRV UNDER 200 Miles Avg.
 Other Transportation: _____

GENERAL SERVICE ADMINISTRATIVE - PER DIEM RATES

OCT 01, 2018 - SEP 30, 2019

First & Last Day	A1	B1	C1	D1	E1	F1
75% DAYS	\$41.25	\$42.00	\$45.75	\$49.50	\$53.25	\$57.00
BREAKFAST	\$9.75	\$9.75	\$10.50	\$12.00	\$12.75	\$13.50
LUNCH	\$10.50	\$11.25	\$12.00	\$12.75	\$13.50	\$14.25
DINNER	\$17.25	\$17.25	\$19.50	\$21.00	\$23.25	\$25.50
INCIDENTALS	\$3.75	\$3.75	\$3.75	\$3.75	\$3.75	\$3.75
In Between Days	A2	B2	C2	D2	E2	F2
100% DAYS	\$55.00	\$56.00	\$61.00	\$66.00	\$71.00	\$76.00
BREAKFAST	\$13.00	\$13.00	\$14.00	\$16.00	\$17.00	\$18.00
LUNCH	\$14.00	\$15.00	\$16.00	\$17.00	\$18.00	\$19.00
DINNER	\$23.00	\$23.00	\$26.00	\$28.00	\$31.00	\$34.00
INCIDENTALS	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00

INTERNET LINKS BELOW
 Trip Calculator 2018 - Click Here
 Google Map Directions - Click Here
 GSA Lodging & Per Diem Rates - Click Here
 VA Travel Regulations - (latest update) - Click Here

OVER 200 MILES	PER-DAY-AVERAGE - MILEAGE RATE:	10.246
UNDER 200 MILES	PER-DAY-AVERAGE - MILEAGE RATE:	0.545

1. DATE YEAR	2. Location that traveler departed from and traveled to <small>Each day's expenses must be shown separately.</small>	3. MILEAGE		4. MILEAGE DOLLAR AMOUNT	5. Air / Train / Taxi / Uber <small>Itemize Col 2</small>	6. PER DIEMS (MEALS) <small>See Rates Above</small>		7. LODGING <small>(Per Day) Include Taxes</small>	8. Parking / Tolls / Gas / Other <small>Itemize Col 2</small>	TOTAL AMOUNT	
		0.545 RATE	10.246 RATE			TYPE	AMOUNT				
10/30/18	Richmond, VA to Warrenton, VA					A1	\$41.25	\$102.74		\$143.99	
10/31/18	Warrenton, VA to Richmond, VA					A1	\$41.25			\$41.25	
<small>CAPP Topic 20355: It is expected that a good faith effort will be made to use the Enterprise Rental contract when practical. Generally, a personal automobile is considered cost beneficial when occasional travel is planned for distances up to 200 miles per day avg.</small>											
TOTALS								\$62.25	\$102.74		\$164.99

Fiscal Office Use Only - The approved transactions have been reviewed by appropriate agency staff and is accurate to the best of their knowledge and belief. The amounts reimbursed are considered to be legitimate and proper charges to the appropriations indicated therein, and are approved for payment. The payment has not been previously authorized. Rounding of 1 cent may reflect in some totals.

DATE (mm/dd/yyyy) _____ (Acctg Use)

PURPOSE OF TRIP (REQUIRED) _____

MEALS PROVIDED 10/31/2018 - Breakfast \$9.75 & Lunch \$10.50

GRAND TOTAL \$164.99

Penton Green Paper For Assistance Contact - CO 6th Floor - william.hayes@dbhds.virginia.gov or shella.parsley@dbhds.virginia.gov

RATES: A: \$55.00 Rate B: \$56.00 Rate C: \$61.00 Rate D: \$66.00 Rate E: \$71.00 Rate F: \$76.00						This section below is for Fiscal Use Only			
TRANS	AGY	C.C.	FUND	ACCOUNT	PROJECT	TASK / PHASE	AMOUNT		
	720							VENDOR:	INV DATE:
	720							INDEX:	REC DATE:
	720							INVS:	G/S DATE:
	720								DUE DATE:
	720							VCHR#:	TERMS:

Requisition No. PR8250191

Issued on Thu Aug 23 15:26:12 EDT 2018
 Created on Thu Aug 23 15:06:33 EDT 2018 by Becker, Diana

Supplier:
 SNAP OFFICE SUPPLIES LLC
 PO Box 72726
 N Chesterfield VA 23235
 United States
 Phone: 804-794-9387
 Fax: 804-379-5765
 Contact: Andy Todd
 TIN: *****1573
 SWAM: S,W,O

Requester:
 Brown, Mary
 Phone: 804-663-7264

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Ship To:
 Department of Behavioral Health and Developmental
 Services - Richmond
 1220 Bank Street
 8th Floor
 Richmond, VA 23219 United States
 Phone: Fax:
 Deliver To: Mary Brown

Bill To:
 DBHDS Central Office
 Finance Office Accounts Payable
 PO Box 1797
 Richmond, VA 23218-1797 United States
 Phone: Fax:
 E-mail:

Item	Part Number	Unit	Quantity	Description	Need By	Unit Price	Extended Amount
1	SAN1760445	pack	1	Flip Chart Marker, Bullet Tip, Black, 8/Card	Wed Aug 29 00:00:00 EDT 2018	\$ 13.17 USD	\$ 13.17 USD
Order No.: PCO2299981							
2	OXF57502	box	4	Twin-Pocket Folder, Embossed Leather Grain Paper, Blue, 25/Box	Wed Aug 29 00:00:00 EDT 2018	\$ 17.33 USD	\$ 69.32 USD
Order No.: PCO2299981							
3	AVE5163	box	1	Shipping Labels with TrueBlock Technology, Laser, 2 x 4, White, 1000/Box	Wed Aug 29 00:00:00 EDT 2018	\$ 39.77 USD	\$ 39.77 USD
Order No.: PCO2299981							
4	AVE5309	box	4	Large Embossed Tent Card, White, 3 1/2 x 11, 1 Card/Sheet, 50/Box	Wed Aug 29 00:00:00 EDT 2018	\$ 22.43 USD	\$ 89.72 USD
Order No.: PCO2299981							
5	MMM209024A	reel	2	ScotchBlue Painter's Tape, .94" x 60yds, 3" Core, Blue	Wed Aug 29 00:00:00 EDT 2018	\$ 5.5 USD	\$ 11 USD
Order No.: PCO2299981							
Line	Comments:						
	CC 918 - Fund 0100 - Object 1312 - No Project - FY19						
Total :							\$ 222.98 USD

Status: Ordered

11/5/2018

PR8349201: Access-Easel Pads-Diana Becker

Requisition No. PR8349201

Issued on Mon Oct 29 08:52:46 EDT 2018
 Created on Mon Oct 29 08:47:43 EDT 2018 by Becker, Diana

14

Supplier:
 ACCESS OFFICE PRODUCTS LLC
 6 W Cary Street
 Richmond VA 23220
 United States
 Phone: 804-767-7211
 Fax: 804-225-8086
 Contact: AJ Scott
 TIN: *****3212
 SWAM: S,M,O

Requester:
 Brown, Mary
 Phone: 804-663-7264

Ship To:
 Department of Behavioral Health and Developmental
 Services - Richmond
 1220 Bank Street
 8th Floor
 Richmond, VA 23219 United States
 Phone: Fax:
 Deliver To: Mary Brown

Bill To:
 DBHDS Central Office
 Finance Office Accounts Payable
 PO Box 1797
 Richmond, VA 23218-1797 United States
 Phone: Fax:
 E-mail:

Item	Part Number	Unit	Quantity	Description	Need By	Unit Price	Extended Amount
1	SPR52734	carton	1	PAD,EASEL,27X34,PLN,WE	Tue Oct 30 00:00:00 EDT 2018	\$ 46.42 USD	\$ 46.42 USD

Order No.: PCO2333108

Line	Comments:
	Supplies needed ASAP please!!!
	CC 918 - Fund 0100 - Object 1312 - No Project - FY19
Total :	
	\$ 46.42 USD

Status: Ordered

Approvals/Watchers

Required?	Status	Reason	Approver/Watcher	Approved By	Last Modified
Yes	Approved	Expenditure approver must approve(40)	A720-Forensic Services ExpLmtApprv2	Schein, Christine	Mon Oct 29 08:53:12 EDT 2018
Yes	Approved	Dollar 1 Approver must approve(60)	A720-Fund Approver	Ford, Nancy	Mon Oct 29 16:49:15 EDT 2018
Yes	Approved	Dollar 3 Approver must approve(80)	A720-Buyer Inbox	Ray, David	Tue Oct 30 08:07:52 EDT 2018
Yes	Approved		mbrown158	Brown, Mary	Tue Oct 30 13:10:24 EDT 2018
Yes	Approved	Purchase order must be manually printed and sent to vendor(99)	dpena1	Becker, Diana	Tue Oct 30 15:49:06 EDT 2018

Card mta March 14, 2019

A Window on FMS II - (FMSAP - AP Inquiry)

FMS II Menu

- FMSGL (FMSGL, FMSAP)
 - List Batch
 - Release Batch
 - Submit Batch
 - List Posted Batch
 - Delete Posted Batch
 - Maintain Document Status
 - Maintain Check Status
 - Maintain Vendor Menu
 - Add Vendor
 - Maintain Existing Vend
 - Accounts Payable Inquiries
 - Document Inquiries
 - Document Search
 - Summary Search
 - Transaction History
 - Accounting Search
 - Check History Search
 - Vendor Inquiries
 - Inquiry Plus Menu
 - Report & Program Exec Men
 - Status Report Execution
 - Report Writer Execution
 - Automatic Program Exec
 - Program Generator Execu
 - System Maintenance Menu
 - Other Cardinal Files Info
 - Cardinal Files Info
 - Work with Current Cardinal F
 - Work with FMALED Cardinal
 - View Hisoy Cardinal Files
 - Work with Inventory Cardina

FMS II Menu My Info Center

FMS II Command

Run Command (FMSAP)

Document Search Inquiry

A: Sum Doc
 B: Doc Srch
 D: Doc Hist
 I: Trans Hist
 J: Acct Sum
 K: Doc Ctr
 L: Vend List
 M: Vend Srch
 N: Vend Gen
 P: Vend Pmt
 R: Vend Tran

Index: 135619 User: 720
 Doc Date: 03/14/19
 Vendor ID: 114191720
 Vendor Code: 004001
 Vendor Name: BRASWELL JANA
 Master ID: 114191720

Document: APX031419
 Cardinal Jrnl: JNEX01168228
 Ref Doc: IN109079

Doc Desc: TRAVEL 03/12 - 03/14

Document 1 of 47

Balance Due: 0.00
 Original Amt: 836.10
 Total Pmt Amt: 836.10

Doc Status: PAID

Doc Terms: NET ZERO
 Cardinal Check: WC81050080
 Last Check No: CK720202193805
 Last Pmt Date: 03/28/19
 Next Pmt Date: 03/14/19

Select Close

12:33 PM 4/15/2019

15

16



The Sheraton Virginia Beach Oceanfront Hotel
3501 Atlantic Avenue
Virginia Beach, VA 23451
Phone: 757.425.9000
Fax: 757.428.9246

Name	Opiod Criminal Justice Conference	Date	11/8/2019
Address	1220 Bank Street Jefferson Bldg. 8th Floor	Rep	K. Baker
City	Richmond State VA ZIP 23219		
Phone	(804) 786-1095		

Qty	Description	Unit Price	TOTAL
83	Sheraton Guest Room Nights (see Delegate List @ \$99.00 x 14% + \$2.00/night)	\$114.86	\$9,533.38
58	Ocean Beach Club Room Nights(See Backup @ \$99.00 x 14% + \$2.00/night	\$114.86	\$6,661.88
	Breakfast, Luncheon, Audio Visual 10/10/19 (See Backup Attached)	\$8,178.78	\$8,178.71
		TOTAL	\$24,373.97
		Less Deposit #1	
		Less Deposit #2	
		TOTAL	\$24,373.97

DUE DATE: November 15, 2019

→ \$116,195
→ \$720.00
in budget to reimburse

We are pleased to provide this estimated invoice to assist you with prepayment of your account. This is an estimate only, based on the details outlined in your contract, banquet event orders. All pricing is subject to change based on actual events. Final billing will be available after all charges have been posted, guests have checked out, and the final bill is reviewed for accuracy by your Event Manager. Any residual balance will be handled at that time.

We appreciate your business.

LAPT. ERIC JONES

TRAVEL EXPENSE REIMBURSEMENT VOUCHER

Virginia DBHDS - Agency 720

ARE YOU A DBHDS EMPLOYEE (AGY 720) YES X NO

NOTE: For Travel on or After July 01, 2019
 Complete all areas shaded in BLUE Submit TERY within 30 working days
 1. OFFICIAL BASEPOINT: **CHESTERFIELD COUNTY**
 2. NAME: **JONES, ERIC K.**
 3. ADDRESS: **4025 DARTON COURT**
 4. CITY: **RICHMOND**
 5. STATE: **VA** ZIP: **23223**
 7. OFFICE PHONE: **804-751-4465**
 8. EMPLOYEE ID #: **231315605**

Signature of Traveler: *[Signature]* DATE **10-29-19**
 Traveler must sign and submit TERY to their supervisor within 30 working days after trip

Traveler's Title: **Captain**
 By signing this Expense Voucher, the traveler certifies that he/she is providing the accuracy of all information, the legitimacy of the travel, and the appropriateness of the expenses.

Signature of Traveler's Supervisor: *[Signature]* DATE **10-30-19**
 Supervisors must approve & submit TERY to Fiscal within 5 working days of Traveler's signed date

Supervisors Printed Name: **James F. Pritchett**

The signature of the traveler's supervisor certifies that he/she agrees that the travel was necessary and the requested reimb. amounts are proper.

GENERAL SERVICE ADMINISTRATIVE - PER DIEM RATES

OCT 01, 2018 - Present

TRIP LENGTH	01	02	03	04	05	06
75% DAYS	\$41.25	\$42.00	\$45.75	\$49.50	\$51.25	\$57.00
BREAKFAST	\$9.75	\$9.75	\$10.50	\$12.00	\$12.5	\$13.00
LUNCH	\$10.50	\$11.25	\$12.00	\$13.75	\$13.50	\$14.25
DINNER	\$11.25	\$12.25	\$13.50	\$14.00	\$13.75	\$15.00
INCIDENTALS	\$3.75	\$3.75	\$3.75	\$3.75	\$3.75	\$3.75
In Between Days	01	02	03	04	05	06
100% DAYS	\$55.00	\$56.00	\$61.00	\$66.00	\$71.00	\$76.00
BREAKFAST	\$13.00	\$13.00	\$14.00	\$16.00	\$17.00	\$18.00
LUNCH	\$14.00	\$15.00	\$16.00	\$17.00	\$18.00	\$19.00
DINNER	\$15.00	\$16.00	\$16.00	\$18.00	\$19.00	\$20.00
INCIDENTALS	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00

USE INTERNET LINKS BELOW

- Trip Calculator - Click Here
- Google Map Directions - Click Here
- GSA Lodging & Per Diem Rates - Click Here
- VA Travel Regulations - (latest update) - Click Here
- See Cost-Benefit-Analysis Tab at Bottom of Spreadsheet

Over 200 Miles - Attach Map - Cost-Benefit-Analysis & Trip Calc: **0.246**
 Up to 200 Miles - Attach Map / Over 200 Miles - Attach Map, CBA, & TC: **0.580**

1. DATE	2. Location that traveler departed from and traveled to <small>Each day's expenses must be shown separately.</small>	3. MILEAGE		4. MILEAGE DOLLAR AMOUNT	5. Air Travel Expense Code	6. PER DIEM (MEALS)		7. LODGING (Per Day) <small>Include Taxes</small>	8. Parking, Fuel, Gas, Oil, etc. <small>Include Mileage</small>	TOTAL AMOUNT
		0.580 RATE	0.246 RATE			TYPE	AMOUNT			
10/9/19	Travel to Virginia Beach					C1	\$45.75			\$45.75
10/10/19	Serve on Panel during Training Event/Return Home					C1	\$45.75			\$45.75
CAPT Trip # 20235 It is expected that a good faith effort will be made to use the Enterprise Rental contract when a State-owned vehicle is not available. A cost benefit analysis is not required for occasional same-day or overnight travel planned for distances up to 200 miles.										DEDUCT ALL MEALS PROVIDED (\$22.50) USE NEGATIVE SIGN (\$22.50)
TOTALS								\$69.00		\$69.00

918 COST CODE

PURPOSE OF TRIP (REQUIRED)
 The purpose of this trip was to serve as a panel member at the Addressing Opioid Use Disorder in Virginia's Criminal Justice System: Pathways to Treatment and Recovery Training, as part of the DBHDS/DCJS COAP Grant.

MEALS PROVIDED (at Hotel, Conference, etc)
 10/10/19 - Breakfast (\$10.50) and Lunch (\$12.00)

GRAND TOTAL \$69.00

Print on Green Paper** For Assistance Contact - CO 6th Floor - w/iam hayes@dbhds.virginia.gov or sheila.parsley@dbhds.virginia.gov

This section below is for Fiscal Use Only

RATE A:	AGY	FUND	ACCOUNT	PROJECT	TASK / PHASE	AMOUNT
555.00	720					
555.00	720					
555.00	720					
555.00	720					
555.00	720					
555.00	720					

VENDOR: _____ INV DATE: _____
 INDEX: _____ REC DATE: _____
 INVT: _____ G/S DATE: _____
 DUE DATE: _____
 VCHR#: _____ TERMS: _____

TRAVEL EXPENSE REIMBURSEMENT VOUCHER

Virginia DBHDS - Agency 720

ARE YOU A DBHDS EMPLOYEE (AGY 720)? YES NO

NOTE: For Travel on or After July 01, 2019

Signature of Traveler: *[Signature]* DATE 10-30-19

Traveler must sign and submit TRV to their supervisor within 30 working days after trip.

Complete all areas shaded in BLUE Submit TRV within 30 working days

1. OFFICIAL BASEPOINT: **Western Virginia Regional Jail**

Traveler's Title: **Superintendent-Western Virginia Regional Jail**

By signing this Expense Voucher, the traveler is certifying the accuracy of all information, the legitimacy of the travel, and the appropriateness of the expense.

2. NAME: **Bobby D. Russell**

Signature of Traveler's Supervisor: _____ DATE _____

Supervisors must approve & submit TRV to Fiscal within 5 working days of Traveler's signed date.

3. ADDRESS: **5685 West River Road**

4. CITY: **Salem**

5. STATE: **VA** e. ZIP: **24163**

7. OFFICE PHONE: **5403783703**

Supervisors Printed Name: _____

The signature of the traveler's supervisor certifies that he/she agrees that the travel was necessary and the requested work expenses are proper.

8. EMPLOYEE ID #: **1282**

GENERAL SERVICE ADMINISTRATIVE - PER DIEM RATES

OCT 01, 2018 - Present

First & Last Days	A1	B1	C1	D1	E1	F1
75% DAYS	\$41.25	\$42.00	\$45.75	\$49.50	\$53.25	\$57.00
BREAKFAST	\$9.75	\$9.75	\$10.50	\$12.00	\$12.75	\$13.50
LUNCH	\$10.50	\$11.25	\$12.00	\$12.75	\$13.50	\$14.25
DINNER	\$17.25	\$17.25	\$19.50	\$21.00	\$23.25	\$25.50
INCIDENTALS	\$3.75	\$3.75	\$3.75	\$3.75	\$3.75	\$3.75
In Between Days	A2	B2	C2	D2	E2	F2
100% DAYS	\$55.00	\$56.00	\$61.00	\$66.00	\$71.00	\$76.00
BREAKFAST	\$13.00	\$13.00	\$14.00	\$16.00	\$17.00	\$18.00
LUNCH	\$14.00	\$15.00	\$16.00	\$17.00	\$18.00	\$19.00
DINNER	\$23.00	\$23.00	\$26.00	\$28.00	\$31.00	\$34.00
INCIDENTALS	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00

8. CHECK "X" BELOW : VEHICLE / MILE RATE / COST-BENEFIT-ANALYSIS
- Personal Vehicle - Attach Mileage Computation/Google Maps Worksheet
 - State Vehicle - Attach Cost-Benefit Analysis for Each Trip Over 200 Miles
 - Rental Vehicle - Attach CBA / Trip Calc required for trips up to 200 Miles
 - Other Transportation: **Cost of Transportation Not Provided**

USE INTERNET LINKS BELOW

[Trip Calculator - Click Here](#)
[Google Map Directions - Click Here](#)
[GSA Lodging & Per Diem Rates - Click Here](#)
[VA Travel Regulations - \(latest update\) - Click Here](#)

See Cost-Benefit Analysis Tab at Bottom of Spreadsheet

Over 200 Miles - Attach Map / Over 200 Miles - Attach Map, CBA, & TC 0.580

1 DATE YEAR	2. Location that traveler departed from and traveled to <small>Each day's expenses must be shown separately.</small>	3 MILEAGE		4. MILEAGE DOLLAR AMOUNT	5 Air /Train/ Taxi / Uber <small>Reimburse Col 2</small>	6 PER DIEMS (MEALS) <small>See Rates Above</small>		7. LODGING <small>(Per Day) Include Taxes</small>	8. Parking / Tolls Gas / Other <small>Reimburse Col 2</small>	9. TOTAL AMOUNT
		0.580 RATE	0.248 RATE			TYPE	AMOUNT			
10/9/19	Travel to Virginia Beach					C1	\$45.75			\$45.75
10/10/19	Serve on Panel during Training Event/Return Home					C1	\$45.75			\$45.75
TOTALS										\$89.00

Field Work Meeting Conference Training Education Other Explain

PURPOSE OF TRIP (REQUIRED)
The purpose of this trip was to serve as a panel member at the Addressing Opioid Use Disorder in Virginia's Criminal Justice System Pathways to Treatment and Recovery Training, as part of the DBHDS/CJCS COAP Grant

MEALS PROVIDED at Hotel, Conference, etc
10/10/19 - Breakfast (\$10.50) and Lunch (\$12.00)

GRAND TOTAL \$69.00

TRANS	AGY	CC	FUND	ACCOUNT	PROJECT	TASK / PHASE	AMOUNT
	720						
	720						
	720						
	720						
	720						
	720						

This section below is for Fiscal Use Only

VENDOR _____ INV DATE _____

INDEX _____ REC DATE _____

INVT _____ G/S DATE _____

_____ DUE DATE _____

VCHRN _____ TERMS _____

9/18/2019

Ms. Jackie Bruce

TRAVEL EXPENSE REIMBURSEMENT VOUCHER

Virginia DBHDS - Agency 720

ARE YOU A DBHDS EMPLOYEE (AGY 720) YES NO

NOTE: For Travel on or After July 01, 2019

Signature of Traveler: Jackie Bruce DATE: 10-31-19

Complete all items attached in BLUE SIGNATURE WITHIN 30 WORKING DAYS

Traveler's Title: _____

1. OFFICIAL BASEPOINT: _____

By signing this Expense Voucher, both you and your supervisor certify that the travel was necessary and the requested reimbursements are correct.

2. NAME: Jacqueline Bruce

Signature of Traveler's Supervisor: Stephen N. Holmquist, Sr. DATE: 10/31/19

3. ADDRESS: 525 Mealy St.

Supervisor's Printed Name: STEPHEN N. HOLMQUIST, SR.

4. CITY: Richmond

5. STATE: Va. ZIP: 23223

7. OFFICE PHONE: 804-887-8369

8. EMPLOYEE ID: 6895405

9. CHECK "X" BELOW - VEHICLE / MILE RATE / COST-BENEFIT-ANALYSIS

- Personal Vehicle 1. Attach Mileage Confirmation: Google Maps, Mapquest.
- State Vehicle 2. Attach Cost-B-A & Trip Calc for Each trip Over 200 Miles
- Rental Vehicle 3. No CBA / Trip Calc required for trips up to 200 Miles
- Other Transportation: Cost of Transportation Not Provided

GENERAL SERVICE ADMINISTRATIVE - PER DIEM RATES

OCT 01, 2018 - Present

	A1	B1	C1	O1	E1	F1
75% DAYS	\$41.25	\$42.00	\$45.75	\$49.50	\$53.25	\$57.00
BREAKFAST	\$9.75	\$9.75	\$10.50	\$12.00	\$12.75	\$13.50
LUNCH	\$10.50	\$11.25	\$12.00	\$12.75	\$13.50	\$14.25
DINNER	\$17.25	\$17.25	\$18.50	\$21.00	\$23.25	\$25.50
INCIDENTALS	\$3.75	\$3.75	\$3.75	\$3.75	\$3.75	\$3.75
100% DAYS	A2	B2	C2	D2	E2	F2
100% DAYS	\$55.00	\$56.00	\$61.00	\$66.00	\$71.00	\$76.00
BREAKFAST	\$13.00	\$13.00	\$14.00	\$15.00	\$16.00	\$17.00
LUNCH	\$14.00	\$15.00	\$16.00	\$17.00	\$18.00	\$19.00
DINNER	\$23.00	\$23.00	\$26.00	\$28.00	\$31.00	\$34.00
INCIDENTALS	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00

918 COST CODE H

USE INTERNET LINKS BELOW

- Trip Calculator [Click Here](#)
- Google Map Directions [Click Here](#)
- GSA Lodging & Per Diem Rates [Click Here](#)
- VA Travel Regulations (latest update) [Click Here](#)
- See Cost-Benefit-Analysis Tab at Bottom of Spreadsheet

Over 200 Total Miles - Attach Map, Cost-Benefit-Analysis, & Trip Calc	0.246
Up to 200 Miles - Attach Map / Over 200 Miles - Attach Map, CBA, & TC	0.580

1. DATE	2. Location that traveler departed from and traveled to	3. AM RATE	4. MILEAGE RATE	5. AIR FARE	6. PER DIEM (MEALS)	7. LODGING	8. Parking, Tolls, Gas, Other	TOTAL
DATE	LOCATION	0.580	0.246	DOLLAR AMOUNT	TYPE	AMOUNT	ITEMS COL 8	AMOUNT
10/9/19	Travel to Virginia Beach				C1	\$45.75		\$45.75
10/10/19	Serve on Panel during Training Event/Return Home				C1	\$45.75		\$45.75
<p>CAMP Note 20155: It is expected that a good faith effort will be made to use the Enterprise Rental car when a State-owned vehicle is not available. A cost benefit analysis is not required for occasional same-day or overnight travel planned for distances up to 200 miles.</p>								(\$22.50)
<p>Fiscal Office Use Only: The approved transactions have been reviewed by appropriate agency staff and is accurate to the best of their knowledge and belief. The requests named are considered to be legitimate and proper charges to the appropriations indicated thereon, and are approved for payment. The payment has not been previously authorized.</p>								\$91.50
TOTALS								\$91.50

PURPOSE OF TRIP (REQUIRED): _____

MEALS PROVIDED (at Hotel, Conference, etc): 10/10/19 Breakfast (\$16.50) and Lunch (\$12.00)

Field Work Meeting Conference Training Education Other: Explain _____

GRAND TOTAL: \$91.50

TRANS	AGY	CC	FUND	ACCOUNT	PROJECT	TASK / PHASE	AMOUNT
	720						
	720						
	720						
	720						
	720						
	720						

Vendor: _____ INV DATE: _____

INDEX: _____ SEC DATE: _____

INVT: _____ GIS DATE: _____

DATE DATE: _____

DATE: _____ TRVS: _____

TRAVEL EXPENSE REIMBURSEMENT VOUCHER

Virginia DBHDS - Agency 720

ARE YOU A DBHDS EMPLOYEE (AGY 720) YES NO

NOTE: For Travel on or After July 01, 2019

"Complete all areas shaded in BLUE" Submit TERY within 30 working days

Signature of Traveler: Amber DATE 10/2/19

Traveler must sign and submit TERY to their supervisor within 30 working days after trip.

Traveler's Title: Major Amanda K. Trent

By signing this Expense Voucher, the traveler is certifying the accuracy of all information, the legitimacy of the travel, and the appropriateness of the expense.

1. OFFICIAL BASEPOINT:

2. NAME: AMANDA K. TRENT

3. ADDRESS: 1087 BORNHILL DR.

4. CITY: FAYLETON

5. STATE: VA

6. ZIP: 24101

7. OFFICE PHONE: 540-578-2709

8. EMPLOYEE ID #: 23475516

Signature of Traveler's Supervisor: Bob Russell DATE 10/3/19

Supervisors must approve & submit TERY to Fiscal within 6 working days of Traveler's signed date

Supervisors Printed Name: Superintendent B. D. Russell

The signature of the traveler's supervisor certifies that he/she agrees that the travel was necessary and the requested reimbursements are proper

9. CHECK "X" BELOW - VEHICLE / MILE RATE / COST-BENEFIT-ANALYSIS

- Personal Vehicle 1. Attach Mileage Confirmation: Google Maps, Mapquest
- State Vehicle 2. Attach Cost-B-A & Trip Calc for Each trip Over 200 Miles
- Rental Vehicle 3. No CBA / Trip Calc required for trips up to 200 Miles
- x Other Transportation: Cost of Transportation Not Provided

USE INTERNET LINKS BELOW

Trip Calculator - [Click Here](#)

Google Map Directions - [Click Here](#)

GSA Lodging & Per Diem Rates - [Click Here](#)

VA Travel Regulations - (latest update) - [Click Here](#)

See Cost-Benefit-Analysis Tab at Bottom of Spreadsheet

Over 200 Total miles - Attach Map, Cost-Benefit-Analysis, & Trip Calc 0.248

Up to 200 Miles - Attach Map / Over 200 Miles - Attach Map, CBA, & TC 0.580

GENERAL SERVICE ADMINISTRATIVE - PER DIEM RATES

OCT 01, 2018 - Present

First & Last Days	A1	B1	C1	O1	E1	F1
75% DAYS	\$41.25	\$42.00	\$45.75	\$49.50	\$53.25	\$57.00
BREAKFAST	\$9.75	\$9.75	\$10.50	\$12.00	\$12.75	\$13.50
LUNCH	\$10.50	\$11.25	\$12.00	\$12.75	\$13.50	\$14.25
DINNER	\$17.25	\$17.25	\$19.50	\$21.00	\$23.25	\$25.50
INCIDENTALS	\$3.75	\$3.75	\$3.75	\$3.75	\$3.75	\$3.75
In Between Days	A2	B2	C2	O2	E2	F2
100% DAYS	\$55.00	\$56.00	\$61.00	\$66.00	\$71.00	\$76.00
BREAKFAST	\$13.00	\$13.00	\$14.00	\$16.00	\$17.00	\$18.00
LUNCH	\$14.00	\$15.00	\$16.00	\$17.00	\$18.00	\$19.00
DINNER	\$23.00	\$23.00	\$26.00	\$28.00	\$31.00	\$34.00
INCIDENTALS	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00

1. DATE YEAR	2. Location that traveler departed from and traveled to	3. MILEAGE		4. MILEAGE DOLLAR AMOUNT	5. Air /Train/ Taxi / Uber Itemize Col 2	6. PER DIEMS (MEALS) See Rates Above		7. LODGING (Per Day) Include Taxes	8. Parking / Tolls Gas / Other Itemize Col 2	TOTAL AMOUNT	
		0.580 RATE	0.248 RATE			TYPE	AMOUNT				
10/9/19	Travel to Virginia Beach					C1	\$45.75			\$45.75	
10/10/19	Serve on Panel during Training Event/Return Home					C1	\$45.75			\$45.75	
<small>CAPP Topic 2025: It is expected that a good faith effort will be made to use the Enterprise Rental contract when a State-owned vehicle is not available. A cost-benefit analysis is not required for occasional same-day or overnight travel planned for distances up to 200 miles.</small>											
							SUBTRACT ALL MEALS PROVIDED (\$22.50) USE NEGATIVE SIGN				(\$22.50)
TOTALS								\$69.00			\$69.00

Fiscal Office Use Only - The approved transactions have been reviewed by appropriate agency staff and is accurate to the best of their knowledge and belief. The amounts itemized are considered to be legitimate and proper charges in the appropriations indicated therein, and are approved for payment. The payment has not been previously authorized

Rate 9-2018: *Rounding of 1 cent may reflect in some totals

PURPOSE OF TRIP (REQUIRED)			MEALS PROVIDED at Hotel, Conference, etc
Field Work <input type="checkbox"/>	The purpose of this trip was to serve as a panel member at the Addressing Opioid Use Disorder in Virginia's Criminal Justice System: Pathways to Treatment and Recovery Training, as part of the DBHDS/DCJS COAP Grant.		10/10/19 - Breakfast (\$10.50) and Lunch (\$12.00)
Meeting <input type="checkbox"/>			
Conference <input type="checkbox"/>			
Training <input type="checkbox"/>			
Education <input type="checkbox"/>			
Other, Explain <input type="checkbox"/>			
GRAND TOTAL \$69.00			

****Print on Green Paper**** For Assistance Contact - CO 6th Floor - william.hayes@dbhds.virginia.gov or sheila.parsoy@dbhds.virginia.gov

Rate A	Rate B	Rate C	Rate D	Rate E	Rate F	This section below is for Fiscal Use Only	
TRANS	AGY	C.C.	FUND	ACCOUNT	PROJECT	TASK / PHASE	AMOUNT
	720						
	720						
	720						
	720						
	720						
	720						

VENDOR: _____ INV DATE: _____

INDEX: _____ REC DATE: _____

INVT: _____ G/S DATE: _____

_____ DUE DATE: _____

VCHRS: _____ TERMS: _____

**COMMONWEALTH OF VIRGINIA
MEMORANDUM OF AGREEMENT (MOA)
MOA # FY20-001
Between**

Department of Behavioral Health and Developmental Services
1220 Bank Street
Richmond, Virginia 23219

And

Department of Criminal Justice Services
Washington Building, 12th Floor
1100 Bank Street
Richmond, VA 23219

Deliverables and Funds are hereby accepted and obligated, in accordance with the following:

1. This Memorandum of Agreement (MOA) represents a relationship between the Department of Behavioral Health and Developmental Services (DBHDS) and the Virginia Department of Criminal Justice Services (DCJS), where both parties are subject to the Commonwealth's Virginia Public Procurement Act (VPPA) and the Agency Procurement and Surplus Property Manual (APSPM). The terms of this memorandum are for tasks to be performed by DBHDS.

I. COMPENSATION AND METHOD OF PAYMENT

1. BUDGET: DCJS payments to DBHDS are not to exceed \$40,329.50

a. A total of \$9,660.00 has been budgeted to conduct cross systems mapping workshops in each of the four regions of Virginia (Northern, Eastern, Western, and Piedmont).

b. A total of \$30,669.50 has been budgeted to provide a statewide stakeholder training conference on individuals with opioid use disorders who are involved in the criminal justice system. The conference will be a one-day training for 250 stakeholders. The DCJS Adult Services Manager will serve as the project manager and provide oversight to ensure that all deliverables are completed, and that expenses are in accordance with the attached Bureau of Justice-Sponsored Conference Request Approval spreadsheet.

2. DBHDS will submit the required documentation along with a request for payment, in the form of an Inter-Agency Transfer (IAT). DBHDS will invoice DCJS for deliverables no later than 60 days following the conference.

3. Payment by DCJS will be contingent upon DBHDS submitting an invoice to DCJS. The invoice shall reference MOA number FY20-001.

II. GENERAL TERMS AND CONDITIONS

1. AUTHORITIES: Nothing in this MOA shall be construed as authority for either party to make commitments that will bind the other party beyond the scope of services contained herein. Furthermore, DBHDS shall not assign, sublet, or subcontract work related to this MOA or interest it may have herein without the prior written consent of DCJS.

2. CONFIDENTIALITY: For the purposes of this provision, "Confidential Information" means any confidential or proprietary information of the Commonwealth that is disclosed in any manner (including but not limited to any oral or written, graphic, machine readable, or other tangible form) to DCJS, DCJS and DBHDS agree that neither it nor its employees, representatives, or agents shall knowingly divulge any confidential or proprietary information except as specifically authorized by DCJS in writing or as required by the Freedom of Information Act or similar law. It shall be DBHDS' responsibility to fully comply with § 2.2-4342F of the Code of Virginia. DCJS and DBHDS agree the information and data obtained as to personal facts and circumstances related to clients will be collected and held confidential in accordance with state and federal requirements during and following the term of this MOA. Any information to be disclosed shall be in summary, statistical, or other form that does not identify particular individuals.

III. PURPOSE

The purpose of this document is to establish a memorandum of agreement (MOA) between Department of Behavioral Health and Developmental Services (DBHDS) and the Virginia Department of Criminal Justice Services (DCJS). The terms of this memorandum are for tasks to be performed by DBHDS.

IV. BACKGROUND

The Bureau of Justice Assistance (BJA) awarded DCJS a Comprehensive Opioid Abuse Site-based Program grant, which is funded through the Comprehensive Addiction and Recovery Act (CARA). The purpose of the grant is to develop and implement a statewide plan to address the opioid crisis by focusing on cross-system collaboration of criminal justice and behavioral health systems to engage justice involved individuals in substance use treatment and recovery

V. PERIOD OF AGREEMENT

This MOA shall become effective on the date of the last signature and terminate on December 30, 2019. All training services shall be completed by November 30, 2019.

VI. SCOPE OF WORK AND DELIVERABLES

1. Conduct a cross systems mapping workshop in each of the four regions of Virginia (Northern, Eastern, Western, and Piedmont). DBHDS' Behavioral Health/Criminal Justice Consultant will work with regional stakeholders to conduct a gap analysis and cross systems mapping at each intercept in their respective region. The analysis will identify existing and required resources at each step at a particular intercept. Identification of existing resources and service gaps at each intercept will assist in improving outcomes. It will also identify where evidence based treatment services are required and how to better intervene with individuals as they move through that intercept and the criminal justice system.
2. Plan and deliver a training conference to offer stakeholders evidenced based approaches on intervening with individuals with opioid use disorders. Conference subject matter will support and build upon recommendations from the Governor's Task Force Workgroups and recommendations from regional cross systems mappings. Conference topics will include an overview of Virginia's opioid crisis and its statewide response and an overview of the statewide plan. Participants will be exposed to model programs, such as Medication Assistance Treatment (MAT), Moral Recognition Therapy (MRT), peer recovery programs, and re-entry planning and community based treatment. Conference attendees will be comprised of stakeholders and partners across criminal justice and behavioral

health systems, as well as, individuals that participated in the regional cross systems mappings.

3. **PERFORMANCE:** All services provided by DBDHS pursuant to this MOA shall be performed to the satisfaction of DCJS and in accordance with the applicable federal, state, and local laws, ordinances, rules, and regulations. DBDHS shall not receive payment for work found by DCJS to be unsatisfactory or performed in violation of federal, state, or local laws, ordinances, rules, or regulations.

4. **MODIFICATION OF AGREEMENT:** DCJS may issue written modifications to this MOA upon mutual agreement with DBDHS, including but not limited to, the deliverables, budget, and compensation. All modifications to this MOA shall be in writing and signed by both parties.

5. **AUDIT:** DBDHS agrees to retain all books, records, and other documents relative to this MOA for five (5) years after final payment, or until audited by the Commonwealth of Virginia and/or Bureau of Justice Assistance, whichever is sooner. DCJS, its authorized agent, and/or State auditors shall have full access to and the right to examine any said materials during said period.

6. **AVAILABILITY OF FUNDS:** It is understood and agreed between the parties herein that DCJS shall be bound hereunder only to the extent of the funds available or which may become available for the purpose of this MOA.

7. **OWNERSHIP OF MATERIALS AND DOCUMENTS:** Ownership of all data, material, reports, studies, or other documents in the performance under this MOA shall remain the property of DCJS. DBDHS shall not use, willingly allow, or cause to have used such material or data for any purpose without the prior written consent of the DCJS. DCJS will exercise all due diligence in approving access to reports produced during this MOA that could be deemed public information.

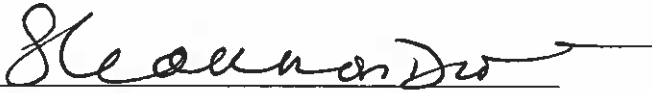
8. **RESPONSIBILITY:** DBDHS will be responsible for any and all tasks and deliverables under this MOA.

9. **RENEWABILITY OF AGREEMENT:** This MOA may be renewed or extended upon written agreement of both parties, under the terms of the current MOA. Any renewals shall include a new budget.

10. **CANCELLATION OF AGREEMENT:** BDHDS reserves the right to cancel and terminate this MOA, in part or in whole, upon 60 days written notice to DCJS.

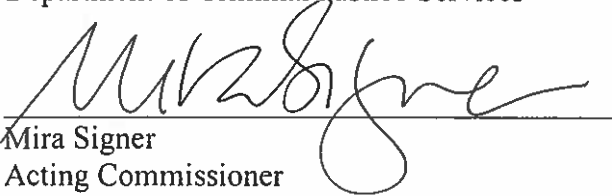
EXECUTION: IN WITNESS WHEREOF, the parties have caused this Agreement to be duly executed intending to be bound thereby.

Agreed to by:



Shannon Dion
Director
Department of Criminal Justice Services

11/3/19
Date



Mira Signer
Acting Commissioner
Department of Behavioral Health and
Developmental Services

11/7/19
Date



Virginia Department of Criminal Justice Services
Requisition / Purchase Order

Purchase Order Number

VENDOR INFORMATION

Tax ID or SSN:

NAME AND ADDRESS

Department of Behavioral Health

Inter-Agency Transfer (IAT).

Name

Signature

Date

Requestor

Andy Warriner

Manager

Funds Manager

Division Director

Finance Office

Director

Andy Warriner

10/2/2019

Fitz

10/23/19

Connie Fisher

Sharon

Name of Person Providing Quote

Date/Time

Alternate Delivery Address

Phone/Cell Number

Email Address

10-23-19 12:00 PM

REQUISITION NOTES

Code Name	Fund Code	Project Code	Program Code	Cost Center	Task	Dept. Code	Amount	%
CARA/CAOP	10000	CJA46801	390002			10340	\$40,329.50	100
Code Name	Fund Code	Project Code	Program Code	Cost Center	Task	Dept. Code	Amount	%
Code Name	Fund Code	Project Code	Program Code	Cost Center	Task	Dept. Code	Amount	%

Description of Goods/Services Item Number Required	Quantity	Unit Price	Extended Price
Conduct a cross system mapping workshop in each of the four regions of Virginia (Northern, Eastern, Western and Piedmont).	1	\$ 9,660.00	9660.00
Provide a statewide stakeholder (250) training conference on individuals with opioid use disorders who are involved in the criminal justice system.	1	30669.50	30669.50
			0.00
			0.00
			0.00
			0.00
			0.00
TOTAL COST:			\$ 40,329.50

Requisition / Purchase Order Notes

State Contract Number

Buyer Name

Requisition Number

Receiver Name

Date

Receiver Name

Date

Receiver Name

Date

Merchandise Received in Good Condition Except as Noted Below

COMMONWEALTH OF Virginia
MEMORANDUM OF AGREEMENT (MOA)
MOA #FY20-001

Between

Department of Behavioral Health and Developmental Services
1220 Bank Street
Richmond, Virginia 23219

And

Department of Criminal Justice Services
Washington Building, 12th Floor
1100 Bank Street
Richmond, VA 23219



Virginia Department of Criminal Justice Services | Financial Services

PAYMENT APPROVAL

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

TO: Andy Warriner

FROM: Nina Pittman-Smith

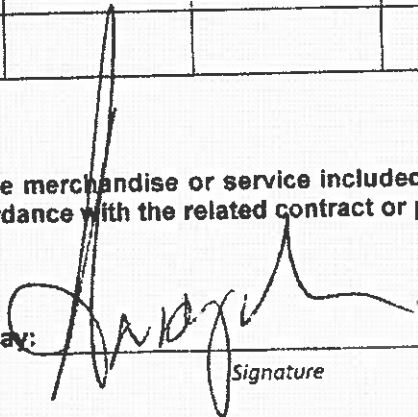
DATE: December 11, 2019

REPLY BY: December 18, 2019

RE: Department of Behavioral Health \$20,780.79

Fund Code	Project Code	Program Code	Cost Center	Task	Department Code	Amount or %

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.

Approval to Pay:  Date: 12/12/19
Signature

Exceptions: _____

Vendor Name: Department of Behavioral Health \$20,780.79

Purchase Order #: _____

Invoice Date: 12/6/19

Due Date: _____

**ATA INVOICE TO DCJS
COAP Grant Expenditures
Period: 9/5/18 - 12/3/19**

DATE: 12/6/2019

INVOICE #: 130

BILL TO: DCJS

Regional Workshops - Travel/Per-diem

	Piedmont (9/5/18- 9/6/18)	Western (9/26/18- 9/28/18)	Eastern (10/9/18- 10/10/18)	Central (10/25/19)	Northern (10/30/18- 10/31/18)	Total
R. Robinson	356.96	330.82	169.41	0	164.99	
J. Braswell	88.50	330.82	195.41	0	164.99	
D. Becker	209.73		169.41	0		
J. Morriss					164.99	
Total	\$655.19	\$661.64	\$534.23	\$0	\$494.97	\$2,346.03

Regional Workshops Supplies

Purchase Order	222.98
Purchase Order	46.42
Total	\$269.40

BJA/COAP Washington DC Meeting (March 14th 2019) - Travel/Lodging/Per-diem

J Braswell - Total	\$836.10
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October 10, 2019 VA Beach Training

Lodging	16,195.26
AV	720.00
Panel Member Per-Diem Reimbursement (\$69*6) Russel, Pierce, Jones, Hudson, Bruce, Trent*	414.00
Total	\$17,329.26

* Amanda Trent's Reimbursement is in process as of 12/3/19

Total:

\$20,780.79

Okay to Pay
Amy L
12/9/19

An Agency of the Commonwealth of Virginia

Virginia.gov (<https://www.virginia.gov>) Find an Agency (<https://www.virginia.gov/agencies>)



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Department of Behavioral Health and Developmental Services Contact Information:

Mailing Address:

P.O. Box 1797
Richmond, VA 23218-1797

Main Office

Phone Numbers:

Phone: (804) 786-3921 (tel:804-786-3921)
Voice TDD: (804) 371-8977 (tel:804-371-8977)
Fax: (804) 371-6638 (tel:804-371-6638)

Directions:

The DBHDS Office is located at 1220 Bank Street, Richmond, VA, 23219. It is in the Jefferson Building at the intersection of 13th/Governor and Bank Streets. Get [directions \(https://www.google.com/maps/place/1220+Bank+St,+Richmond,+VA+23219/@37.5372015,-77.4347717z/data=!3m1!4m5!3m4!1s0x89b1111888fc756d0x83ac746b799b2ee518m213d37.537201514d-77.4325813\)](https://www.google.com/maps/place/1220+Bank+St,+Richmond,+VA+23219/@37.5372015,-77.4347717z/data=!3m1!4m5!3m4!1s0x89b1111888fc756d0x83ac746b799b2ee518m213d37.537201514d-77.4325813) or view a [Capitol Area Site Plan \(https://dgs.virginia.gov/LinkClick.aspx?fileticket=sYwMNFij%252F8%253D&tabid=186\)](https://dgs.virginia.gov/LinkClick.aspx?fileticket=sYwMNFij%252F8%253D&tabid=186) which you can adjust for magnification.

Office Contact Information:

- [DBHDS Offices \(/about-dbhds/offices\)](#)
- [Staff Directory \(/contact/Staff-Directory\)](#)

Please [contact us \(mailto:meghan.mcguire@dbhds.virginia.gov?subject=Website%20Inquiry\)](mailto:meghan.mcguire@dbhds.virginia.gov?subject=Website%20Inquiry) if you have any other questions. Do **NOT** include any personal health information (PHI) in your correspondence. This includes Social Security numbers, medical records, account numbers, photographs, beneficiary information or any other identifying information.

