

TRAVEL EXPENSE REIMBURSEMENT VOUCHER

DEPARTMENT, INSTITUTION, OR AGENCY
Office of the Lieutenant Governor SEC-AD11-DS-16

PREPARE WITH INK OR TYPEWRITER. USE ADDITIONAL SHEETS WHEN NECESSARY

2017 JAN 30 PM 3:40

Name: **Ralph Northam**
 Address: **9569 25th Bay Street**
 City: **Norfolk**
 State: **VA** Zip: **23518 - 1801**
 Vendor ID: - Suffix:

PERSONAL VEHICLE USE STATEMENT - STATE EMPLOYEES ONLY

PERSONAL VEHICLE - COST BENEFICIAL TO THE STATE - PERSONAL MILEAGE RATE
 STATE VEHICLE - NOT AVAILABLE OR ACCESSIBLE - PERSONAL MILEAGE RATE
 STATE VEHICLE - AVAILABLE OR NOT REQUESTED - FLEET RATE

I HEREBY CERTIFY THAT EXPENSES LISTED BELOW WERE INCURRED BY ME ON OFFICIAL BUSINESS OF THE COMMONWEALTH OF VIRGINIA AND INCLUDE ONLY SUCH EXPENSES AS WERE NECESSARY IN THE CONDUCT OF BUSINESS.

STATE EMPLOYEE? YES NO
 SIGNATURE OF TRAVELER: *Ralph S Northam* DATE: **01/27/17**
 TITLE: **Lt. Governor**

I HEREBY CERTIFY THAT THE TRAVEL UNDERTAKEN IN THIS REIMBURSEMENT VOUCHER HAS BEEN REVIEWED AND APPROVED AS NECESSARY FOR THE CONDUCT OF BUSINESS OF THE COMMONWEALTH.

TRAVELER'S SUPERVISOR DATE

1. DATE	2. LOCATION AT WHICH EXPENSE WAS INCURRED. POINTS BETWEEN WHICH TRAVEL WAS NECESSARY, METHOD OF TRANSPORTATION USED AND MILEAGE RATE ALLOWED. EACH DAYS EXPENSES MUST BE SHOWN SEPARATELY.	3. MILES TRAVELED	4. MILEAGE	5. AUTO EXPENSE (ITEMIZE IN SECOND COLUMN)	6. PER DIEM AMOUNT	7. LODGING	8. OTHER (ITEMIZE IN SECOND COLUMN)	AMOUNT	
9/6/2016	Meeting with VDOT, Richmond (roundtrip from Norfolk)	180	97.20					97.20	
9/19/2016	Cabinet and LG Meetings, Richmond (roundtrip from Norfolk)	180	97.20					97.20	
10/9/2016	Meeting with VML, Virginia Beach (roundtrip from Norfolk)	40	21.60					21.60	
10/22/2016	Eastern Shore Rural Health 40th anniversary meeting (roundtrip from Norfolk) AND toll for CBBT	160	86.40	18.00				104.40	
10/24/2016	LG Meetings including Childrens Cabinet, Richmond (roundtrip from Norfolk)	180	97.20					97.20	
10/27/2016	LG Meetings including VEDP (roundtrip from Norfolk)	180	97.20					97.20	
11/18/2016	VEA meeting, Richmond (roundtrip from Norfolk)	200	108.00					108.00	
I certify all computations are correct and that all necessary and required receipts are attached. Initial _____		TOTALS		604.80	18.00	0.00	0.00	0.00	622.80

VOUCHER NUMBER **5023** DATE(MMDDYY) **01-30-17**
PURPOSE OF TRIP
 CONFERENCE PRESENTATION EXTRADITIONS
 ATHLETICS INVESTIGATIONS FIELD WORK
 RECRUITMENT EDUCATION OTHER (EXPLAIN)

TOTAL SHEET 2	0.00
GRAND TOTAL	622.80
AMOUNT ADVANCED	
Payment/(Due to Agency)	622.80

TRANS	AGENCY	GLA	FUND		FFY	PROGRAM			OBJECT	REVENUE SOURCE	AMOUNT	PROJECT		
			FUND	DET		PROG	SUB	ELE				PROJECT	TK	PH
									1282		604.80			
									1285		18.00			
COST CODE	FIPS	PSD	AGENCY REFERENCE			INVOICE			DUE DATE		REFERENCE DOC			
						DATE	NUMBER		MM	DD	YY	NUMBER	SX	
DESCRIPTION						CURRENT DOCUMENT		SUBSIDIARY ACCOUNT	MULTI-PURPOSE	1099	CHECK IF CONTINUATION SHEET ATTACHED			
						NUMBER	SX							<input type="checkbox"/>