**TRAVEL EXPENSE REIMBURSEMENT VOUCHER**

**NEW RIVER COMMUNITY COLLEGE-AGENCY 275**

PREPARE WITH INK OR TYPEWRITER. USE ADDITIONAL SHEETS WHEN NECESSARY

<table>
<thead>
<tr>
<th>Name:</th>
<th>Address:</th>
<th>City:</th>
<th>State:</th>
<th>Zip:</th>
<th>Vendor ID:</th>
<th>Suffix:</th>
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**STATE EMPLOYEE?** YES NO

**PURPOSE OF TRIP**
- EXTRADITIONS
- FIELD WORK
- INVESTIGATIONS
- EDUCATION
- OTHER (EXPLAIN)

<table>
<thead>
<tr>
<th>VOUCHER NUMBER</th>
<th>DATE (MMDDYY)</th>
<th>PURPOSE OF TRIP</th>
<th>AMOUNT</th>
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<td></td>
<td>CONFERENCE</td>
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<td>PRESENTATION</td>
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<td>OTHER (EXPLAIN)</td>
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I HEREBY CERTIFY THAT ALL COMPUTATIONS ARE CORRECT AND THAT ALL NECESSARY AND REQUIRED RECEIPTS ARE ATTACHED.

**INITIAL**

**TOTALS**
- 0.00
- 0.00
- 0.00
- 0.00
- 0.00
- 0.00

**SIGNATURE OF TRAVELER**
- DATE

**TRAVELER'S SUPERVISOR**
- DATE

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.

**NOTE:**
- 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

**AMOUNT ADVANCED**
- PAYMENT (DUE TO AGENCY) 0.00

**Department** | **Account** | **Amount**
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**CHECK IF CONTINUATION SHEET ATTACHED**