

VDFP Travel Voucher Checklist

******* Please review the checklist prior to submission of your travel voucher. If travel vouchers are not completed correctly they will be returned to your supervisor which will delay processing.**

Did You:

- Select a Personal Vehicle or State Vehicle option (**only choose one**).
- Enter Name & Home Address.
- Enter Vendor ID (Use your Employee ID #. Do **NOT** use your Social Security #).
- Choose Yes for State Employee (All State Employees Choose YES. Board Members Choose NO).
- Sign & Date.
- Enter Job Title.
- Have your Supervisor Sign & Date voucher.
- Initial the travel voucher in the designated area.
- Enter Cost Center, Fund, Program & Fiscal Year .
- Choose Purpose of Trip and write description below (Include School Number if applicable).
- Please include your contact information: Email and Phone number. **NOTE:** If the fiscal office should need to contact you with any questions and/or concerns. You will have 24 hours to respond, if not any needed revisions will be made accordingly.
- Enter Travel Dates and provide travel To and From locations.
- If voucher is more than 30 days late attach memo explaining the reason why.
- If you have continued travel use the continuation of travel sheet (There is the 2nd tab in the excel Travel workbook). Do **NOT** use a second travel voucher.
- Include signed Travel Authorization form if total cost of trip is more than \$1000, traveling out of state, or lodging rates exceed allowances.

Date & Location Columns

- Enter dates & if staying overnight ensure dates match hotel receipt.
- Include the City and State you are leaving from and going to.

Miles Traveled & Mileage Columns

- Do **NOT** use decimals for Miles Traveled (Round up or down to nearest whole number Example 24.6 miles = 25 miles).
- If using State Vehicle or Rental Car write "State Vehicle" or "Rental Car" in miles Traveled Column.
- If you are an Employee and you choose to use your personal vehicle or rental car instead of a state vehicle attach a copy of the Cost Calculator form to show it was more cost beneficial. If you use your personal vehicle and are claiming the IRS Personal Mileage Rate and you are at a location that has fleet vehicles you must show that you have checked for availability of a fleet vehicle (prior to submitting your travel voucher).
 - <https://dgs.virginia.gov/fleet/travel-planning/trip-calculator/>

NOTE: You should use the most current travel voucher form available on the Public Network or VDFP website to ensure

you are using the current rate or check the IRS website for the current rate.

Fleet Rate is \$0.246 cents per mile

For Airfare/Rail attach a copy of boarding pass & flight/rail receipts.

Auto Expense Column

- Attach all necessary receipts for gas (if using rental car) or other auto expenses.

Per Diem Column

- Use the GSA calculator pro-rated to ensure per diem and lodging rates are correct.

- <http://perdiemcalc.net/gsa/>

- Per Diem rates are based on where you spent the night. This link uses zip code.

- <https://www.gsa.gov/travel/plan-book/per-diem-rates>

Rates should reflect a reduction for any meals provided to you at no cost. The meal provided should be written on the voucher.

Lodging Column

- If the hotel was Direct Billed write "Direct Billed" or "DB" in the lodging column.
- Attach the original itemized hotel receipt that shows the total cost of the hotel stay (including taxes and fees) and show a \$0 balance. This information is needed to determine if the total cost of travel was over \$1,000.
- Dates on the hotel receipt should match travel dates on travel voucher.
- Lodging rates should not exceed rates for that city & state (use GSA calculator to check rates). If lodging rates exceed GSA rates attach Travel Authorization form.
- If lodging was paid by the traveler, the supporting portfolio must be attached.

Other Column

- Include a receipt for Tolls and Parking that are more than \$25.00
- For Tolls and Parking include a description of the expenses in the Location Column and list the amount of the expenses in the other column.
- For Postage include a description of the expense in the Location Column and list the amount of the expense in the Other Column. Must attach a receipt for postage costs.

❖ Forms can be found on the Public network drive or the VDFP website.

- To access the forms on the Network go to My Computer → VDFP_PUBLIC (//WAP02960) (P:) → FINANCE → Forms
- To access the forms on the VDFP website go to <https://www.vafire.com/about-virginia-department-of-fire-programs/forms/>

Please contact your Administrative Assistant or Supervisor if you need assistance.

TRAVEL EXPENSE REIMBURSEMENT VOUCHER

DEPARTMENT, INSTITUTION, OR AGENCY
Virginia Department of Fire Programs

PREPARE WITH INK OR TYPEWRITER. USE ADDITIONAL SHEETS WHEN NECESSARY

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

Select Vehicle Option (only choose one)

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 _____ DATE _____

TITLE _____

- 1) Choose Yes for State Employee
- 2) Sign & Date
- 3) Enter Job Title

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 _____

Supervisor Sign & Date

Enter Name & Home Address

Enter Employee ID#

Name: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Vendor ID: _____ Suffix: _____

1. DATE	2. LOCATION AT WHICH EXPENSE WAS INCURRED. POINTS BETWEEN WHICH TRAVEL WAS NECESSARY, METHOD OF TRANSPORTATION USED AND MILEAGE RATE ALLOWED. EACH DAY'S 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
			0.00					0.00
			0.00					0.00
			0.00					0.00
			0.00					0.00
			0.00					0.00
			0.00					0.00
			0.00					0.00
			0.00					0.00
			0.00					0.00
			0.00					0.00
I certify all computations are correct and that all necessary and required receipts are attached.			TO TALS	0.00	0.00	0.00	0.00	0.00

- 1) Enter Date
- 2) Include City & State you are leaving from and going to

- 1) If more than 30 days late include memo
- 2) Provide Travel To and From locations
- 3) Do NOT use decimals for Miles Traveled (round up or down)
- 4) If using state vehicle or rental car write "state vehicle" or "rental car" in Miles Traveled column
- 5) Employees - Include Cost Calculator if personal vehicle or rental car was used
- 6) Use GSA Calculator for Per Diem rates
- 7) If hotel is Direct Billed write "Direct Billed" or "DB" in Lodging Column
- 8) Hotel receipt must show Taxes & Fees
- 9) Dates on hotel receipt must match dates on voucher
- 10) Include all necessary receipts
- 11) If trip is more than \$1000 include signed Travel Authorization form
- 12) Include explanations of any unusual charges
- 13) Review the entire checklist

Initial _____
 VOUCHER NUMBER _____ DATE(MMDDYY) _____
 PURPOSE OF TRIP: CONFERENCE, ATHLETICS, RECRUITMENT, PRESENTATION, INVESTIGATIONS, EDUCATION, EXTRADITIONS, FIELD WORK, OTHER (EXPLAIN)

Initial

Select Purpose of Trip & write description below. Include School Number and contact information.

DEPT	BUS UNIT	GLA	FUND	SPY	PROGRAM	ACCOUNT	REVENUE SOURCE	AMOUNT	PROJECT
10000	960 00			2017					

COST CENTER	FIPS	PSD	AGENCY REFERENCE	DATE	INVOICE NUMBER	DUE DATE	REFERENCE DOC

DESCRIPTION	CURRENT DOCUMENT NUMBER	SX	SUBSIDIARY ACCOUNT	MULTI-PURPOSE	1099
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Enter Cost Center

Enter Fund, Program, & Fiscal Year

Please contact your Administrative Assistant or Supervisor if you need assistance.