GEORGE MASON UNIVERSITY

Send to:
VIVA - Virtual Library of Virginia
George Mason University
MSN 2FL
4400 University Drive, Fairfax, VA 22030

Mileage Travel Expense Reimbursement Voucher

Optional Track Number T _____

Traveler Information

Name:

Home Address:

City: State: Zip:

Home Phone: Work Phone:

Email: State Employee? ____ Yes ____ No

Department Name: VIVA

Fund/Org Number(s): 221013

Use this form for <u>Mileage and Related Expenses Only</u>

For overnight travel, meal & incidental expenses, and all other travel reimbursements, use the standard *Travel Expense Reimbursement Voucher Form*.

Personal Vehicle Use Statement - State Employees Only
(Required for Vehicle Expense Reimbursement)

Please check one when per day mileage is greater than 100 miles:

☐ Enterprise Vehicle - Not Available or not lower cost by $20 - (Personal Rate); Enterprise Trip Calculator must be attached

☐ Enterprise Vehicle - Available and lower cost by $20 - (Fleet Rate)

Mileage Reimbursement		Total Miles Traveled	Rate Allowed (Cents Per Mile)	Total Mileage Reimbursement (# of miles X rate per mile)	Parking and Tolls	**Total Amount**
Date	**Points between which travel occurred**					
Enterprise Rental						
Gas for Enterprise Rental						
Other - *Itemize below*						
					Total Reimbursement	

Purpose of Trip ***Please check one:***

☐ Presentation ☐ Field Work ☐ Athletics ☐ Recruitment

☐ Conference/Workshop - Enter name of conference or workshop here:

☐ Other (Explain) _____

_____

I hereby certify that expenses listed on this voucher were incurred by me on official business of the Commonwealth of Virginia and include only such expenses as were necessary in the conduct of this business. These expenses have not been previously claimed. Neither have they been nor will they be presented to an organization other than GMU.

Signature of Traveler _____ **Date** _____

For Travel Office Use Only

Invoice Number	Date	Account Code	738	738	738	738	738	738	738
		Amount							

I certify all computations are correct and that all necessary and required receipts are attached. Initial: