Enter Document Number

VT_____

(User ID/ Month/Year)

Sheet _____ of _____

County of Henrico, Virginia
Daily Travel Record and Mileage Voucher

Month of _____

Employee Name (Please Print)	Address	City, State, Zip

Instructions: Employee will prepare form as provided. Fill in entries in ink. Abbreviations may be used. Use more than one line, if necessary. Fill in form as travel is performed. Form should contain ONLY Business related reimbursable mileage (No personal mileage). Create a unique document number by entering your network user ID, the current month and the current year (For example: ABC990607 for a June 2007 document number). In column 2(A), show beginning mileage reading of odometer after reporting for work (or before beginning each business related trip) at normal place of work, such as the county building, school admin building, or other location. At the end of each business related trip but before departing your normal place of work for home, in column 2(B), enter ending odometer mileage reading. In column 3, enter total reimbursable miles traveled for each trip (ending odometer minus beginning odometer). In column 4, enter business purpose and destination for each trip. Attach a sheet or sheets of paper with parking and toll receipts affixed chronologically.

Column 1	Column 2		Column 3	Column 4
Date	Odometer Mileage		Total Reimbursable Miles Traveled	Business Purpose and Destination of Trip
	A. Beginning	B. Ending		(If personal mileage incurred during day, enter ending mileage and record. Start new line for new work.)
Total Miles Traveled				* County Reimbursement Rate of $.505 Amount Due $
				Parking and Tolls (Please Attach Receipts) +
Approvals	Supervisor/Date		Director/Date	Total Amount Due For Month $

To the Director of Finance: The undersigned, who is authorized to approve expenditure documents, hereby certifies that the travel specified above was performed. Payment therefore has not been previously authorized and this expenditure is a proper charge to the appropriation indicated. This voucher is certified to you.

I, the undersigned employee, certify that the mileage shown on this daily travel voucher was incurred by me on official business on the dates shown and that no personal mileage is included.

Authorized Signature	Employee Authhorization #	Employee Signature

This Form For Use By All Departments, Boards & Agencies

Check Date _____ Check Number _____

Fund	Account	Center	Function	Project	Location	Interfund	Future 1	Future 2	Amount
						0000	00000	00000	
						0000	00000	00000	
						0000	00000	00000	
						0000	00000	00000	
						0000	00000	00000	