COUNTY OF FAIRFAX, VIRGINIA

TRAVEL EXPENSE REIMBURSEMENT PAYMENT VOUCHER

I CERTIFY THAT EXPENSES LISTED BELOW IN THE AMOUNT OF _____ WERE INCURRED BY ME ON OFFICIAL BUSINESS OF THE COUNTY OF FAIRFAX, VIRGINIA, AND INCLUDE ONLY SUCH EXPENSES AS WERE NECESSARY IN THE CONDUCT OF THIS BUSINESS. ALL MILEAGE DURING THE NORMAL WORKDAY EXCLUDES ROUND TRIP MILEAGE OF _____ MILES BETWEEN MY HOME AND BASE SCHOOL/WORK LOCATION.

(TYPE NAME AND HOME ADDRESS IN SPACE BELOW)

Signature of Traveler Date

Base School/ Activity Position

FCPS Employee Identification Number: _____

Signature of Approving Authority Date

Office Telephone No. _____

This version for printing and completion by hand. Use EXCEL version for computer entry. This note will not print with the form.

USE OF PRIVATELY OWNED CAR AUTHORIZED AT _____ PER MILE	TOTAL THIS SHEET								

AREA/DEPARTMENT USE

REVIEWED BY _____ DATE _____

TOTAL PAGE 2	
TOTAL PAGE 3	
TOTAL PAGE 4	
AMOUNT CERTIFIED FOR PAYMENT	

SFX	TC	DOC REF	TREAS		SUBSID		INDEX	SUBOBJ	AMOUNT
	VENDOR	PROJECT	PH	PY	LOC	JOB NO	DESCRIPTION		
A									
B									
C									
D									

COUNTY OF FAIRFAX, VIRGINIA
TRAVEL EXPENSE REIMBURSEMENT PAYMENT VOUCHER
Continuation Sheet

Name of Traveler Page 2

1. Date	2. LOCATION AT WHICH EXPENSE WAS INCURRED POINTS BETWEEN WHICH TRAVEL WAS NECESSARY METHOD OF TRANSPORTATION USED & MILEAGE RATE ALLOWED EACH DAY'S EXPENSES MUST BE SHOWN SEPARATELY	3. MILES TRAVELED	4. MILEAGE OR FARES	5. AUTO EXP. (ITEMIZE IN SECOND COLUMN)	6. MEALS No.	6. MEALS AMOUNT	7. LODGING (SHOW PULLMAN SEPARATELY)	8. OTHER (ITEMIZE IN SECOND COLUMN)	9. TOTALS
	TOTAL THIS SHEET								

FS 13-71B (Rev. 4/07)

COUNTY OF FAIRFAX, VIRGINIA

TRAVEL EXPENSE REIMBURSEMENT PAYMENT VOUCHER

Continuation Sheet

Name of Traveler Page 3

1. Date	2. LOCATION AT WHICH EXPENSE WAS INCURRED POINTS BETWEEN WHICH TRAVEL WAS NECESSARY METHOD OF TRANSPORTATION USED & MILEAGE RATE ALLOWED EACH DAY'S EXPENSES MUST BE SHOWN SEPARATELY	3. MILES TRAVELED	4. MILEAGE OR FARES	5. AUTO EXP. (ITEMIZE IN SECOND COLUMN)	6. MEALS No.	6. MEALS AMOUNT	7. LODGING (SHOW PULLMAN SEPARATELY)	8. OTHER (ITEMIZE IN SECOND COLUMN)	9. TOTALS
	TOTAL THIS SHEET								

COUNTY OF FAIRFAX, VIRGINIA

TRAVEL EXPENSE REIMBURSEMENT PAYMENT VOUCHER

Continuation Sheet

Name of Traveler ______________________

1. Date	2. LOCATION AT WHICH EXPENSE WAS INCURRED POINTS BETWEEN WHICH TRAVEL WAS NECESSARY METHOD OF TRANSPORTATION USED & MILEAGE RATE ALLOWED EACH DAY'S EXPENSES MUST BE SHOWN SEPARATELY	3. MILES TRAVELED	4. MILEAGE OR FARES	5. AUTO EXP. (ITEMIZE IN SECOND COLUMN)	6. MEALS No.	MEALS AMOUNT	7. LODGING (SHOW PULLMAN SEPARATELY)	8. OTHER (ITEMIZE IN SECOND COLUMN)	9. TOTALS
	TOTAL THIS SHEET								

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