Virginia Department of Military Affairs
State Active Duty
Itemized Expences

Name _____ Unit _____
Last 4 SSN _____ Address _____
Home
Address _____ Arrival Date and Time _____
Depature Date and Time _____

	MEALS				
DATE	BREAKFAST	LUNCH	DINNER	SUB-TOTAL	LODGING
Totals					

NOTE: Receipts should be attached for all meals and lodging.

POV Mileage _____ X _____ = _____
Mileage Rate Total

I certify that the above information is an accurate account of expenses incurred durring the performance of duty.

Certified Grand Total: _____

_____ _____
Employee's Signature O.I. C. Approval

_____ _____
Date Date

AG of VA FM 54-1 DTD 18 MAR 93