Virginia Department of Military Affairs
State Active Duty
Itemized Expences

Name _____
Last 4 SSN _____
Home Address _____

Unit ECHO/23rd/Blackhorse/GW/VDF
Address 10628 Dumfries Road, Manassas
Manassas, Virginia 20112-2720
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 _____ (Mileage) X _____ (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

_____ Date

_____ O.I. C. Approval

_____ Date

AG of VA FM 54-1 DTD 18 MAR 93