

# EXPENDITURE AND REIMBURSEMENT VOUCHER

**Purpose:** Grantees use this form to submit expenditures for reimbursement.

**Instructions:** Send the completed form and supporting documentation to DMV Grants Management Office, Reimbursement Voucher Processing, 2300 W. Broad St., Room 709, Richmond VA 23269. Attach additional sheets, if needed.

APPLICATION INFORMATION			
GRANTEE REQUESTING PAYMENT		FEDERAL ID NUMBER	
PROJECT NUMBER	VOUCHER NUMBER	<input type="checkbox"/> CHECK IF FINAL VOUCHER	CLAIM DATE (mm/dd/yyyy)
MAKE CHECK PAYABLE TO			
STREET ADDRESS			
CITY		STATE	ZIP CODE

EXPENDITURE CATEGORY	VENDOR NAME & ITEM DESCRIPTION	PURCHASE/ ACTIVITY DATE	CHECK NUMBER/ DIRECT DEPOSIT NUMBER	AMOUNT
<b>PERSONNEL COST (LIST NAME &amp; EMPLOYEE NUMBER)</b>				

<b>FRINGE BENEFITS</b>				

<b>TRAINING/TRAVEL (IDENTIFY TRAVELER/PURPOSE)</b>				

<b>CONTRACT COSTS</b>				

<b>OTHER DIRECT COSTS</b>				

<b>EQUIPMENT (INCLUDE SERIAL NUMBER)</b>				

<b>INDIRECT COSTS (ADMINISTRATIVE)</b>				

<b>PRIOR COST SUBMITTED TO DATE</b>	<b>NET AMOUNT SUBMITTED FOR PAYMENT</b>	<b>TOTAL COST SUBMITTED TO DATE</b>

CERTIFICATION		
I certify that all costs being claimed for reimbursement were incurred within the timeframe of the grant period, are for budget category activities approved under the grant and have not been previously claimed for reimbursement. Source documentation to substantiate costs claimed is on file and will be made available for audit.		
PROJECT DIRECTOR'S NAME (print)	PROJECT DIRECTOR'S SIGNATURE	DATE (mm/dd/yyyy)

DMV USE ONLY					
REVIEWED BY	DATE (mm/dd/yyyy)	CFDA NUMBER	DD NUMBER	PROJECT MONITOR INITIALS	DATE (mm/dd/yyyy)