COURT NAME:  COURT ID: **2**

PLEASE MARK ONE: COUNTY CITY

9 DIGIT EMPLOYEE ID #:  NAME:

(print/type) LAST FIRST MIDDLE

ADDRESS:

DATE(S) WORKED:

DATE: **/    /** **/    /**  **/    /** **/    /       /    /**

mm dd yy mm dd yy mm dd yy mm dd yy mm dd yy

CODE: **17** **17** **17** **17** **17**

**Retired Judge Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1.DATE | 2.LOCATION AT WHICH EXPENSE WAS INCURRED, POINTS BETWEEN WHICH  TRAVEL WAS NECESSARY,METHOD OF TRANSPORTATION USED AND MILEAGE  RATE ALLOWED. **EACH DAYS’ EXPENSE**  **MUST BE SHOWN SEPARATELY** | 3.  MILES  TRAV-  ELED | 4.  MILE-AGE  OR  FARES | 5.AUTO  EXPENSE  (ITEM-  IZE IN  SECOND  COLUMN) | 6.  MEAL  NO. | AND  AMOUNT | 7.LODG-  ING  (SHOW  PULLMAN  SEPA-  RATELY) | 8.OTHER  (ITEM-  IZE IN  SECOND  COLUMN) | **AMOUNT** |
|  |  |  | **0.00** |  |  |  |  |  | **0.00** |
|  |  |  | **0.00** |  |  |  |  |  | **0.00** |
|  |  |  | **0.00** |  |  |  |  |  | **0.00** |
|  |  |  | **0.00** |  |  |  |  |  | **0.00** |
|  |  |  | **0.00** |  |  |  |  |  | **0.00** |
| VOUCHER  NUMBER: |  | **0.0** | **0.00** | **0.00** | **0** | **0.00** | **0.00** | **0.00** | **0.00** |

**I HEREBY CERTIFY THAT TRAVEL EXPENSES LISTED ABOVE WERE INCURRED BY ME SOLELY FOR THE PURPOSE OF SITTING AS SETTLEMENT JUDGE AT THE LOCATION INDICATED AND INCLUDE ONLY SUCH EXPENSES AS WERE NECESSARY IN THE CONDUCT**

**OF THE BUSINESS.**

**TWO PHOTOCOPIES OF SIGNED FORM AND THE SIGNED ORDER OF REFERRAL MUST BE ATTACHED TO THE ORIGINAL SIGNED FORM BEFORE SUBMITTING FOR PAYMENT.**

**PLEASE SEND THE SIGNED FORMS AND COPIES TO:**

# Supreme Court of Virginia

Dept. of Fiscal Services

100 North Ninth Street

Richmond, VA 23219

(804) 786-6455