



Travel Documents Checklist



Travel Documents for Inter-Island Travel

- ✓ Travel Voucher
- ✓ Approved GTR
- ✓ Copy of Boarding Passes
- ✓ Copy of Hotel Folio

Travel Documents for Out-of- Territory Travel

- ✓ Travel Voucher
- ✓ Approved GTR
- ✓ Approved Governor's Letter
- ✓ Boarding Passes (to include dates)
- ✓ Copy of Cash Advance Check
- ✓ Paid Conference Fee Invoice
- ✓ Paid Hotel Invoice (Receipt is required to have a \$0.00 balance)
- ✓ Baggage receipts - 1st checked bag departing and returning
- ✓ Transportation Receipts (PDF file)
- ✓ Copy of CGB (if applicable)
- ✓ Deviation Form (if applicable)





Sample Travel Voucher Key



Number corresponds with the associated field on the sample Travel Voucher Form.

- 1.** DO NOT USE
- 2.** Traveler's Name and Address (NOT VIDE's Address)
- 3.** GTR number assigned to specific traveler and trip
- 4.** Period of actual travel, not approved travel
- 5.** Vendor number (local and/or federal)
- 6.** Provide the name of the division such as "Striving Readers or Adult Education-District" and the fund such as "Local or Consolidated 2021 Grant"
- 7.** Provide the funding source (Organization, Object and Project code)
- 8.** The dates of travel
- 9.** Description of fees such as hotel, baggage, per diem, etc.
- 10.** Per Diem
- 11.** Expenses - Hotel, Registration fees, Baggage, Taxi (no more than 15% tip) & Maid (No more than \$20.00)
- 12.** Enter the amount of the cash advance payment
- 13.** Sign (no cursive fonts) and date the voucher



GOVERNMENT OF THE
VIRGIN ISLANDS OF THE UNITED STATES
ST. THOMAS, VIRGIN ISLANDS
TRAVEL VOUCHER

(FISCAL USE ONLY)

1

Voucher No.
Date

DEPT./AGENCY _____ LOCATION _____

TRAVELER'S NAME AND ADDRESS

Jane Doe
P.O. Box 0001
St. Thomas, VI 00801

2

DEPT./AGENCY VOUCHER NO. _____ DATE _____

TRAVEL REQUEST NO. **3** C-L062-24 Date of GTR _____

ENCUMBRANCE NO. _____

PERIOD OF TRAVEL **4**

FROM 1/17/2024

TO 1/18/2024

5 VENDOR NO. _____ F/ L/ _____

OFFICIAL DUTY STATION St. Thomas, VI

6 FUND	ACCOUNT CODE				
	ORG	OBJECT	PROJ	OPT	CC
DIVISION	00421004	560000	H0001	7	
ACCT. TITLE					

Date	TRAVEL DESCRIPTION <small>(Include places visited and all information, including time & date of departure and arrival required by regulation.)</small>	Per Diem 222	Per Diem 224	Other Expenses 226	Other Expenses 227	Other Expenses	Other Expenses
1/17/2024	STT to Miami, FL						
	Miami, FL to Washington, DC						
1/22/2024	Washington, DC to Miami, FL						
	Miami, FL to STT						
1/17-1/22	Hotel 9		\$1,251.86	10	11		
1/17-22/24	Per Diem		\$375.00				
T	Taxi		\$128.00				
	Registration		\$700.00				
	Baggage			\$80.00			
	Maid			\$20.00			
	Totals	\$0.00	\$2,454.86	\$100.00	\$0.00	\$0.00	
						T.C.	Obejct.
						73	905
							\$2,554.86

8

If travel advance was in excess of expenses, indicate remittance information as follows:

Statement No. _____ Date _____ Amt. _____

TRAVEL ADVANCE (per check) **12**

T.C. 73 Obejct. 905 \$2,456.00

AMOUNT DUE TRAVELER \$98.86

FOR USE BY FINANCE DEPARTMENT OF

T.C.	OBJECT	AMOUNT
69		

VERIFIED FOR PAYMENT

I hereby certify that travel for which expenses are hereby claimed was performed by me.

Signature _____ **13** 1/30/2024

Traveler's Signature _____ Date _____

APPROVED FOR PAYMENT

Check No. _____ Check Date _____

Signature _____ Date _____

Certifying Officer _____ Date _____