APPENDIX H

Travel Expense Sheet

STATE OF WEST VIRGINIA
TRAVEL EXPENSE ACCOUNT SETTLEMENT

Name:		**Title**		**FIMS Vendor No:**			
Address:				**Social Security No.**			
City/State Zip:		**Headquarters:**		**Normal Work Hours:**		**to**	
Department:		**Division**		**Section:**			
Purpose of Travel:							

DATE	TIME	CITY/STATE	MILES	AMOUNT	AIR	CAR RENTAL	MEALS	LODGING	OTHER	TOTAL
		Total								

AGENCY ACCOUNTING INFORMATION					
Fund	**Area**	**Org**	**Object**	**Sub Obj**	**Amount**

Less Cash Advance (WVFIMS ID# _____) _____

X Due Employee ☐ **Due State**

Traveler must attach copies of direct billed receipts or invoices, i.e., airline, registration, lodging, etc.

OTHER EXPENSES		
DATE	**ITEMS**	**AMOUNT**

EXPENSES DIRECT BILLED TO THE STATE	
DATE	**ITEM AND VENDOR**

I certify that these costs incurred were in connection with my assigned duties, are true, accurate and actual, and do not reflect any costs or expenses reimbursed or to be reimbursed from any other source.

I certify that I have personally examined and approved this Travel Expense Account Settlement. The terms of expense are reasonable and correspond to the assigned duties of the traveler. The terms of expense further meet all State of West Virginia Travel Regulations and are within the budget of this spending unit.

Traveler's Signature _____ Date _____

Approval Supervisory/Department Head _____ Date _____

Approval Agency Head/Designee _____ Date _____