



# STATE OF WEST VIRGINIA TRAVEL EXPENSE ACCOUNT SETTLEMENT

<b>Name:</b>		<b>Title:</b>	<b>FIMS Vendor No:</b>
<b>Address:</b>			<b>Social Security No.</b> -      -
<b>City/State Zip:</b>		<b>Headquarters:</b>	<b>Normal Work Hours:</b> to
<b>Department:</b>	<b>Division:</b>		<b>Section:</b>

**Purpose of Travel:**

DATE		TIME	CITY/STATE	MILES	AMOUNT	AIR	CAR RENTAL	MEALS	LODGING	OTHER	TOTAL
		From									
		To									
		From									
		To									
		From									
		To									
		From									
		To									
		From									
		To									
		From									
		To									
		From									
		To									
<b>TOTAL</b>											

AGENCY ACCOUNTING INFORMATION	Less Cash Advance (WVFIMS ID# _____ )
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Fund	Area	Org	Object	Sub Obj	Amount	<input type="checkbox"/> Due Employee <input type="checkbox"/> 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      Date  
Head

\_\_\_\_\_  
Approval Agency Head/Designee                      Date