

STATE OF WEST VIRGINIA TRAVEL EXPENSE ACCOUNT SETTLEMENT

| Name: Title: | | | | | | | | FIMS Vendor No: | | | | |
|--|----------|--------|--------------|------|---|-----------|-------------|---|--|---------------------------------------|-------|--------|
| Address: | | | | | City: | | | | | | | |
| | | | | | adquarters: | | | Normal Work Hours: | | | | |
| Department: | | | | | | Division: | | | Section: | | | |
| | Purpose: | | | | | | | | | | | |
| S | Yes | | No | | Personal Car | | | Yes | | No | | |
| | | | | | | | | CAR | | | | |
| DATE | TIME | C | ITY/ST | TATE | MILES | AMOUNT | AIR | RENTAL | M&I | LODGING | OTHER | TOTAL |
| | | | | | | 0.00 | | | | | | 0.00 |
| | | | | | | 0.00 | | | | | | 0.00 |
| | | | | | | 0.00 | | | | | | 0.00 |
| | | | | | | 0.00 | | | | | | 0.00 |
| | | | | | | 0.00 | | | | | | 0.00 |
| | | | | | | 0.00 | | | | | | 0.00 |
| | | | | | | 0.00 | | | | | | 0.00 |
| | | | | | | 0.00 | | | | | | 0.00 |
| | | | | | | 0.00 | | | | | | 0.00 |
| | | | | | | 0.00 | | | | | | 0.00 |
| | 1 | | | | | 0.00 | | | | | | 0.00 |
| | | | | | | 0.00 | | | | | | 0.00 |
| | | | | | | 0.00 | | | | | | 0.00 |
| | | TOTA | LS | | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | | | | | Less Cash | | (WVFIM: | | |) | |
| | | | | | , | | | 1 <u>- </u> | | , , , , , , , , , , , , , , , , , , , | | |
| AGENCY ACCOUNTING INFORMATION | | | | | | Amount Du | e Io: | | Employee | | State | 0.00 |
| DATE | 0 | THER I | EXPEN EMS | ISES | AMOUNT | | e, registra | ation, lodg NSES DIRI | of direct b ging, etc. ECT BILLEI I AND VEN | TO THE | STATE | AMOUNT |
| 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. Traveler's Signature Date | | | | | I certify that I have personally examined and approved the Travel Expense Account Settlement. The terms of expenses 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. Approval Agency Head/Designee Date | | | | | | | |
| rraveier's Signature Date | | | | | | | Approval | Agency He | ead/Designe | ee | | Date |