STATE OF WEST VIRGINIA
TRAVEL EXPENSE ACCOUNT SETTLEMENT

Name:	Title:	FIMS Vendor No:
Address:		
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
		From To								
		TOTAL								

AGENCY ACCOUNTING INFORMATION					
Fund	Area	Org	Object	Sub Obj	Amount

Less Cash Advance (WVFIMS ID# _____)	
❑ 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.

_____ _____
Traveler's Signature Date

_____ _____
Approval Supervisor/Department Head Date

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.

_____ _____
Approval Agency Head/Designee Date