

STATE OF WEST VIRGINIA TRAVEL EXPENSE ACCOUNT SETTLEMENT

SAOTRVL effective 01/01/2025

		PLOYEE TRAVEL PLOYEE TRAVEL		IF SUBMITTING A NON-EMPLOYEE TRAVEL REIMBURSEMENT, A COPY OF THE												
Nomo		PLOTEE TRAVEL		CONTRACT/AGREEMENT MUST BE ATTACHED. Title: wv OASIS VENDOR ID:												
Name Address				nue:			City									
State		ZIP:	Hood	City:												
	·	ZIF.	Head	Headquarters: Normal Work Hours: Division: Section:												
	ravel Purpose:			Division.				Section.								
	State Car:				https://www	wy acc acylty	aval/plan.h	ook/transport	tation airfara	ratos pov rat	oc/privataly o	upod vohiclo				
Ва	ersonal Car:		Current Mileage Rate	0.700		<u>/w.gsa.gov/ti</u>			eimbursemen		es/privately-ov	whea-venicle-				
			-				-									
	SISTRATION	YES	IF TES, ATTA	YES, ATTACH COMPLETED REGISTRATION FORM AND ENTER FEE AMOUNT IN "OTHER												
		NO				BELOW (if fee is applicable)										
DATE	TIME	CITY/STATE	MILES	AMOUNT	AIR	RENTAL	LODGING	OTHER	M & IE*	DIEM	AMOUNT	TOTAL				
				0.00							0.00	0.00				
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				0.00							0.00	0.00				
	Total Exp	enses page 2	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00				
	-	TALS	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00				
*GSA	A Meals & Incide	ntals (M&IE):	https://www.gsa.gov	/travel/plan-b	ook/per-die	m-rates/per-	diem-rates-	<u>lookup</u>		*OTDED Trans ID:						
		OTHER EXPE	NSES			EXPI	ENSES PAID	BY OTHER	SOURCES/A	DVANCES (a	ttach receipt	copies)				
DATE		ITEMS		AMOUNT		DATE	PMT CODE			AMOUNT						
										VENDOR						
Total Oth	er Expenses pa	ae 2		0.00		Total Paid E	By Other Sou	urces/Advand	ces page 2			0.00				
						Total Paid By Other Sources/Advances										
Total Oth	er Expenses	-				Total Paid E	5	urces/Advan	ces			0.00				
Total Oth	er Expenses	-		0.00		Total Paid E	5	urces/Advano	ces			0.00				
Total Oth		CODES			1		By Other Sou		Ces							
	РМТ				j	Total Paid E Total Reimb	By Other Sou		ces							
DB	PMT DIRECT BILLED	TO AGENCY			j 	Total Reimb	by Other Sou	ount				0.00				
DB PCARD	PMT DIRECT BILLED PURCHASE CAP	TO AGENCY RD]	Total Reimb	by Other Sou	ount es submitted	for reimburse		ely reflect cost	0.00 s incurred in				
DB PCARD ADV	PMT DIRECT BILLED PURCHASE CAR CASH ADVANCE	TO AGENCY RD E ISSUED				Total Reimb	by Other Sou bursable Am at all expens with assigned	ount es submitted d duties of the	for reimburse e traveler perfe	ormed for a le	gitimate gover	0.00				
DB PCARD	PMT DIRECT BILLED PURCHASE CAP	TO AGENCY RD E ISSUED				Total Reimb	by Other Sou bursable Am at all expens with assigned	ount es submitted d duties of the	for reimburse	ormed for a le	gitimate gover	0.00 s incurred in				
DB PCARD ADV	PMT DIRECT BILLED PURCHASE CAR CASH ADVANCE PAID BY OTHER	TO AGENCY RD E ISSUED R SOURCE	or Clarification		1	Total Reimb	by Other Sou bursable Am at all expens with assigned	ount es submitted d duties of the	for reimburse e traveler perfe	ormed for a le	gitimate gover	0.00 s incurred in				
DB PCARD ADV	PMT DIRECT BILLED PURCHASE CAR CASH ADVANCE PAID BY OTHER	TO AGENCY RD E ISSUED	or Clarification			Total Reimb	by Other Sou bursable Am at all expens with assigned ar	ount es submitted d duties of the	for reimburse e traveler perfe	ormed for a le	gitimate gover	0.00 s incurred in ment reason				
DB PCARD ADV	PMT DIRECT BILLED PURCHASE CAR CASH ADVANCE PAID BY OTHER	TO AGENCY RD E ISSUED R SOURCE	or Clarification			Total Reimb	by Other Sou bursable Am at all expens with assigned ar	ount es submitted d duties of the	for reimburse e traveler perfe	ormed for a le	gitimate gover	0.00 s incurred in				
DB PCARD ADV	PMT DIRECT BILLED PURCHASE CAR CASH ADVANCE PAID BY OTHER	TO AGENCY RD E ISSUED R SOURCE	or Clarification			Total Reimb	by Other Sou bursable Am at all expens with assigned ar gnature	ount les submitted d duties of the nd are not reir	for reimburse e traveler perfe	ormed for a le	gitimate gover	nment reason				
DB PCARD ADV	PMT DIRECT BILLED PURCHASE CAR CASH ADVANCE PAID BY OTHER	TO AGENCY RD E ISSUED R SOURCE	or Clarification			Total Reimb	by Other Sou bursable Am at all expens with assigned ar gnature pervisor/Age	ount es submitted d duties of the nd are not reir	for reimburse e traveler perfe nbursable fror	ormed for a le n any other s	egitimate gover ource.	0.00 s incurred in ment reason Date Date				
DB PCARD ADV	PMT DIRECT BILLED PURCHASE CAR CASH ADVANCE PAID BY OTHER	TO AGENCY RD E ISSUED R SOURCE	or Clarification			Total Reimb	by Other Sou bursable Am at all expens with assigned ar gnature pervisor/Age I have perso	ount es submitted d duties of the nd are not reir ncy Head nally examine	for reimburse e traveler perfe nbursable fror	ormed for a le n any other s ed the Travel	egitimate gover ource. Expense Settl	0.00 s incurred in ment reason Date				

	meet applicable Travel Regulations and are within the budget of this spending unit. Approval Agency Head/Designee Date										_				
	AGENCY ACCOUNTING INFORMATION														
FUND	SUB FUND	FY	DEPT	UNIT	APPROP	OBJ	SUB OBJ	AMOUNT	MAJOR PROGRAM	PROG.	ENTILE. YEAR	FUNCTION	ACT.	LOC.	REPORTING



STATE OF WEST VIRGINIA TRAVEL EXPENSE ACCOUNT SETTLEMENT (cont'd)

SAOTRVL effective 01/01/2025

	EM NON-EM	PLOYEE PLOYEE		-	IF SU	BMITTING A		OYEE TRA				HE CONTRA	CT/AGREEMEN	MUST BE
Name:						Title:	0		0					
Address: State:		ZIP		0	Headqua	tore	0		City:		0			
Department: 0						Division:				Section:	al Work Hours: 0		U	
	l Purpose:	<u> </u>	0			Birloioin	0			ooolioni	•			
	State Car:	0					https://ww	w.gsa.gov/t	ravel/plan-b	book/transpo	rtation-airfare-	rates-pov-rate	es/privately-owne	d-vehicle-pov-
	sonal Car:	0		Current M	ileage Rate	e 0.700				<u>mileage-</u>	reimbursement	t-rates		
	STRATION	0	YES NO	IF YES,	АТТАСН С	OMPLETED	O REGISTRA	TION FOR	M AND ENT	ER FEE AMO	DUNT IN "OTHI	ER" SECTION	BELOW (if fee i	s applicable)
DATE	TIME	(CITY/STA	TE	MILES	AMOUNT	AIR	CAR RENTAL	LODGING	OTHER	M & IE*	GSA PER DIEM	I AXABLE DIFFERENCE	TOTAL
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		TOTALS			0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
*GSA Me	eals & Incid		I&IE): ER EXPE		ww.gsa.go	v/travel/plar	n-book/per-o						attach receipt c	onice)
DATE			ITEMS	NJEJ		AMOUNT			PMT CODE			D VENDOR	attach receipt c	AMOUNT
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	AGENCY ACCOUNTING INFORMATION														
FUND	SUB FUND	FY	DEPT	UNIT	APPROP	OBJ	SUB OBJ	AMOUNT	MAJOR PROGRAM	PROG.	ENTITLE. YEAR	FUNCTION	ACT.	LOC.	REPORTING