STATE OF WEST VIRGINIA
TRAVEL AUTHORIZATION

Original-Submitted for payment - Copy 1-Travel Management Office
Copy 2-Spending Unit - Copy 3-Spending Unit

WVTMP 1.0

Request # [   ] FY [   ]
Request Date [   ] YR [   ]

| Traveler |
| Traveler's Title |
| Department |
| Division |
| Section |
| Contact |

Telephone Number

Account Type(s):   **Account Number(s):**

☐ General Revenue _____ _____
☐ Special Revenue _____ _____
☐ Federal Revenue _____ _____
☐ Other _____

Travel Category

☐ Site/Client visit   ☐ Conference attendance   ☐ Special mission
☐ Informational meeting   ☐ Training attendance   ☐ Candidate travel
☐ Speech/Presentation   ☐ Recruiting   ☐ Relocation
☐ Other_____

DATE	TIME	CITY/STATE
		from
		to

Statement of Purpose

Statement of Justification

Requested By:_____
Traveler Signature & Printed Name   Date

Approved By: _____
Executive Officer Signature & Printed Name   Date

As Required: _____
Travel Management Office Signature & Printed Name   Date

Estimated Costs (Complete all that Apply)

	Direct Billed ①	Reimbursed
Transportation		
Commercial Air Carrier ②		
Charter Aircraft		
Rail Service _____		
Commercial Vehicle Rental ②		
Personal Vehicle_____mi. @ ____		
Taxi/Ground Transportation		
Other Transportation		
Parking		
Registration		
Lodging $_____ per night		③
Facility Name _____		
Meals _____		
Other _____		
Other _____		
Subtotal Estimated Expenses	$	$

Total $ [   ]

☐ Days @ $[   ] per day $[   ]
Registration $[   ]

Cash Advance Total $[   ] TMO

1. All direct billed expenses require the advance approval of the Travel Management Office.
2. State Contracted Travel Agency Must Be Used.   3. Board & Lodging Voucher Required