



STATE OF WEST VIRGINIA  
Department of Administration  
Travel Management Office

## TRAVEL COORDINATOR DESIGNATION FORM

*Fiscal Year 2026*

---

The person(s) identified below as the *State Agency Travel Coordinator* is responsible for the approval of travel within the department, agency, or spending unit indicated. Each agency should identify one primary *State Agency Travel Coordinator* and as many back-up *Travel Coordinators* as is necessary, and a separate form should be submitted for each individual. To ensure adequate understanding of the State Travel Rules, the designee(s) will receive regular communication on updates to the policy, clarification of rules, processing information, and more. It will be the responsibility of the *State Agency Travel Coordinator(s)* to disseminate this information to state employees within his or her department, agency, or spending unit.

---

*Please Check One:*

☐ Primary Agency Contact

☐ Back-Up Agency Contact

Name of Designated Coordinator: \_\_\_\_\_

Coordinator e-mail address: \_\_\_\_\_

State Agency Name: \_\_\_\_\_

Agency Mailing Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Department Head Signature: \_\_\_\_\_

Date: \_\_\_\_\_