



**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

Travel Category

- | | | |
|--|--|---|
| <input type="checkbox"/> Site/Client visit | <input type="checkbox"/> Conference attendance | <input type="checkbox"/> Special mission |
| <input type="checkbox"/> Informational meeting | <input type="checkbox"/> Training attendance | <input type="checkbox"/> Candidate travel |
| <input type="checkbox"/> Speech/Presentation | <input type="checkbox"/> Recruiting | <input type="checkbox"/> Relocation |
| <input type="checkbox"/> Other _____ | | |

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

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

General Revenue _____

Special Revenue _____

Federal Revenue _____

Other _____

DATE	TIME	CITY/STATE
		from
		to

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		
Facility Name _____		
Meals _____		
Other _____		
Other _____		
Subtotal Estimated Expenses	\$ _____	\$ _____
Total	\$ _____	
<input type="checkbox"/> Days @ \$ _____ per day	\$ _____	
Registration	\$ _____	
Cash Advance Total	\$ _____	<input type="checkbox"/>

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

TMO