



Travel Expense Account Settlement

Funding Source: _____

| | | | | | | | | | |
|-----------------|--|--|---------------------|--------------------------------|--|--|--|--|--|
| Name: | | | Title: | | | | | | |
| Address: | | | | | | | | | |
| City/State/Zip: | | | | West Virginia State University | | | | | |
| Department: | | | Dept. Contact Name: | | | | | | |

| DATE | TIME | CITY/STATE | MILES | AMOUNT | AIR | RENTAL CAR | MEALS | LODGING | OTHER | TOTAL |
|--------|------|------------|-------|--------|-----|------------|-------|---------|-------|-------|
| | | From: | | | | | | | | |
| | | To: | | | | | | | | |
| | | From: | | | | | | | | |
| | | To: | | | | | | | | |
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| TOTAL: | | | | | | | | | | |

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|----------------|-------|--|---------------------------------------|------------------------------|--|--|--|--|--|
| | | | Less Cash Advance | | | | | | |
| OTHER EXPENSES | | | Amount applied to Company Credit Card | | | | | | |
| DATE | ITEMS | | AMOUNT | Amount applied to Personal C | | | | | |
| | | | | Due from employee | | | | | |
| | | | | Due to employee | | | | | |
| | | | Amount Approved for reimbursement | | | | | | |

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.

Traveler must attach copies of direct billed receipts or invoices, i.e., airline, registration, lodging, etc.

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 sources.

| | |
|--|---------------|
| _____ Approval Supervisor | _____ Date |
| _____ Department Head | _____ Date |
| _____ Title III Director | _____ Date |
| _____ Vice President for Business and Finance | _____ Date |

| | |
|-------------------------------|---------------|
| _____ Traveler's Signature | _____ Date |
|-------------------------------|---------------|