

STATE OF WEST VIRGINIA TRAVEL EXPENSE ACCOUNT SETTLEMENT

SAOTRVL effective 02/21/2023

			E TRAVEL			IF SUBN	MITTING A NON-EMPLOYEE TRAVEL REIMBURSEMENT, A COPY OF THE										
Name:	NON	-EMPLOYE	E TRAVEL			CONTRACT/AGREEMENT MUST BE ATTACHED. Title: wv OASIS VENDOR ID:											
Address:						i iue:			City:	WV UASIS	VENDOR ID:						
State: ZIP: Headquarters:									3.1.3.	Normal W	ork Hours:						
Department: Division										Section:							
	avel Purpos	se:															
	State Car:			Curavi II	longs D-4	0.05-	https://w	ww.gsa.gov/t					es/privately-ov	vned-vehicle-			
Personal Car: Current Mileage Rate 0.655 REGISTRATION YES IF YES, ATTACH COMPL								pov-mileage-reimbursement-rates ETED PECISTRATION FORM AND ENTER FEE AMOUNT IN "OTHER" SECTION									
REGISTRATION YES IF YES, ATTACH COMPL REQUIRED? NO								ETED REGISTRATION FORM AND ENTER FEE AMOUNT IN "OTHER" SECTION BELOW (if fee is applicable)									
								CAR				GSA PER	TAXABLE*				
DATE	TIME		CITY/STATE		MILES	AMOUNT	AIR	RENTAL	LODGING	OTHER	M & IE*	DIEM	AMOUNT	TOTAL			
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	Total	Expenses	page 2		0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00			
		TOTALS			0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00			
*GSA	Meals & Inc	cidentals (M&IE):	https://ww	w.gsa.gov	/travel/plan-b	ook/per-die	m-rates/per-	diem-rates-le	ookup		*OTDED Trans ID:					
		- ΟΤ	HER EXPE	NSES				EYD	ENGES DAID	BY OTHER	SUIDCES/VI		ttach receipt o	conice)			
DATE		01	ITEMS	NOLO		AMOUNT		DATE	PMT CODE	BI OIIIEK		VENDOR	ttacii receipt t	AMOUNT			
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Total Othe	i Expenses	•				0.00		TOTAL PAIN E	y Other Sou	iices/Auvaii	Les			0.00			
		PMT CODES	S		Ī			Total Reimb	ursable Am	ount				0.00			
DB	DIRECT BIL							Total Home		-				0.00			
PCARD	PURCHASE	CARD						I certify that all expenses submitted for reimbursement accurately reflect costs incurred in connection with assigned duties of the traveler performed for a legitimate government reason									
ADV	CASH ADVA	ANCE ISSUE	D														
OTHER	PAID BY OT	HER SOUR	CE								mbursable fror						
							ı										
	N	otes and C	comments f	or Clarifica	tion												
								Traveler's Signature Date									
								Approval Supervisor/Agency Head Date									
								I certify that I have personally examined and approved the Travel Expense Settlement and the terms of expenses are reasonable and correspond to the assigned duties of the traveler and									
													et of this spend				
								Approval Agency Head/Designee Date									
							AGENCY A	AGENCY ACCOUNTING INFORMATION									
			1				AGENCY A	CCOUNTING	MAJOR	\ 	ENTITLE.						
FUND	SUB FUND	FY	DEPT	UNIT	APPROP	OBJ	SUB OBJ	AMOUNT	PROGRAM	PROG.	YEAR	FUNCTION	ACT.	LOC.	REPORTIN		



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

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Name: 0	Title:	0		_	WVOASIS										
Address: 0 ZIP: 0 Headquart					ters:	0		City:	0 Norma						
Department	Division:				Section:	0									
Travel Purpose State Car		0				hus II and the last the second second									
State Car Personal Car			Current Mi	leage Rate	0.655	https://www.gsa.gov/travel/plan-book/transportation-airfare-rates-pov-rates/privately-condition-airfare-rates-pov-rates/privately-condition-airfare-rates-pov-rates/privately-condition-airfare-rates-pov-rates/privately-condition-airfare-rates-pov-rates/privately-condition-airfare-rates									
REGISTRATION	0	YES		_		MPLETED REGISTRATION FORM AND ENTER FEE AMOUNT IN "OTHER" SECTION BELOW (if fee									
REQUIRED?	0	NO		, , , , , , , , , , , , , , , , , , , ,	001111 22 121	- NEOIO III	CAR	II AIND EIN	EICT EE AMO	7011111 0111 <u>2</u>	GSA PER	TAXABLE	э аррисаыс)		
DATE TIME		CITY/STAT	TE	MILES	AMOUNT	AIR	RENTAL	LODGING	OTHER	M & IE*	DIEM	DIFFERENCE	TOTAL		
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*****	TOTALS	page 2	1.00	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
*GSA Meals & Inci		ER EXPE		/w.gsa.gov	/travel/plan-	book/per-di				IER SOURCES/	ADVANCES (attach receipt co	nies)		
DATE	· · · ·	ITEMS			AMOUNT			PMT CODE			O VENDOR		AMOUNT		
	-														
<u> </u>															
<u> </u>															
Total Other Expenses					0.00		Total Paid	By Other So	ources/Advar	nces			0.00		



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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