Division of Justice & Community Services

# STATE OF WEST VIRGINIA
# TRAVEL EXPENSE ACCOUNT SETTLEMENT

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Name:** | | **Title** | | | | | |
| **Address:** | | | | | | | |
| **City/State Zip:** | | **Headquarters:** | | **Normal Work Hours:** | | **to** | |
| **Purpose of Travel:** | | | | | | | |

| DATE | TIME | CITY/STATE | MILES | AMOUNT | AIR | CAR RENTAL | MEALS | LODGING | OTHER | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|
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| **Total** | | | | | | | | | | |

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

| OTHER EXPENSES | | |
|---|---|---|
| **DATE** | **ITEMS** | **AMOUNT** |
| | | |
| | | |
| | | |
| | | |

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 source.

Traveler's Signature _____ Date _____

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.

Supervisor's Signature _____ Date _____