



DJCS TRAVEL EXPENSE FORM

Name:		Title		Grant Number						
Address:										
City/State Zip:			Normal Work Hours:		to					
Purpose of Travel:										
DATE	TIME	CITY/STATE	MILES	AMOUNT	AIR	CAR RENTAL	MEALS	LODGING	OTHER	TOTAL
		To:								
		From:								
		To:								
		From:								
		To:								
		From:								
		To:								
		From:								
		To:								
		From:								
		To:								
		From:								
		To:								
		From:								
Total										
X Due Employee										

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.

EXPENSES DIRECT BILLED TO THE AGENCY	
DATE	ITEM AND VENDOR

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's Signature

Date

Approval Supervisory/Department Head