Instructions for completing the Travel Settlement Form:

Field 1: Enter your full name.
Field 2: Enter your title.
Field 3: Enter your home address.
Field 4: Enter the city, state and zip of your home address.
Field 5: Enter the department that you work for.
Field 6: Select the location of your home campus
Field 7: Enter the cost code that is paying for the trip.
Field 8: Enter your normal work hours.
Field 9: Select the type of transportation you used while on your trip.
Field 10: Enter the purpose of your travel – YOU MUST GIVE THE NAME OF THE CONFERENCE.
Field 11: Enter the date that you left.
Field 12: Enter the time that you left.
Field 13: Enter the city and state that you left from.
Field 14: Enter the city and state that you went to.

How to complete the Reimbursed Cost section: The following rules apply when completing fields 15 through 30.

Rule One: Only enter the items that you need reimbursed for.
Rule Two: Break all charges out PER DAY. You must list each day you were gone, even if you do not have any expenses for that day.
Rule Three: The “Other” column is used for any reimbursable expense that do not fall under any other category. Any amount listed in the “Other” column (see field 20) must be itemized in the “Other Expenses” section. These items must be broken out by day, expense and amount. (see fields 25 – 27).
Rule Four: Any item that was charged directly to the College must be listed in the “Expenses Billed to State” section and a copy of the charge must be attached to your travel settlement form.

Field 15: Enter the roundtrip mileage ONLY IF YOU DROVE YOUR PERSONAL CAR.
Field 16: Enter any Air Fare amount that may apply.
Field 17: Enter the cost of a rental vehicle if applicable.
Field 18: Enter the total for all meals for that day. Do not go over the max per day.
Field 19: Enter the amount to be reimbursed for that day. You CAN NOT list the entire cost under one day.
Field 20: Enter the cost of any miscellaneous reimbursables if applicable. (i.e. registration)
Field 21: Enter the next day of your trip.
Field 22: Enter the time you returned home. If you did not return home on this day, leave it blank.
Field 23: Enter the where you left from. If you did not leave this day, leave it blank.
Field 24: Enter where you returned to. If you did not return home this day, leave it blank.
Field 25 through 27: List any items from the “Other” column in this section.
Field 28 through 31: List any items that were direct billed to the College in this section.
Field 32: Click PRINT to print the form.
Field 33: You sign the form and forward it to your supervisor for approval.
Field 34: Your supervisor will sign the form and forward it to the Business Office or the Professional Development Coordinator if applicable.
Field 35: The Professional Development Coordinator signs the form and forwards the form to the Business Office for final approval.

Attach all ORIGINAL RECEIPTS to the travel form prior to submittal. If you only have a photocopy of a receipt you must sign the receipt in blue ink.
Please note that forms completed incorrectly will be returned to the traveler.
State of West Virginia  
West Virginia Northern Community College  
TRAVEL EXPENSE SETTLEMENT  

<table>
<thead>
<tr>
<th>Name:</th>
<th>Title:</th>
<th>FIMS No:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th>City, State, Zip:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Department:</th>
<th>Headquarters:</th>
<th>Normal Work Hours:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Contact: Travel Coordinator at 304-233-5900, ext. 4223  

Vehicle:  
- [ ] State  
- [ ] Rental  
- [ ] Personal  
- [ ] Other  

Purpose of Travel:  

<table>
<thead>
<tr>
<th>Date M/DD/YY</th>
<th>TIME AM/PM</th>
<th>CITY/STATE From/To</th>
<th>MILES</th>
<th>AMOUNT</th>
<th>AIR</th>
<th>CAR RENTAL</th>
<th>MEALS</th>
<th>LODGING</th>
<th>OTHER</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>12</td>
<td></td>
<td></td>
<td>$ 0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>22</td>
<td></td>
<td></td>
<td>$ 0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Subtotal: $ 0.00

Less Cash Advance:  

WWFIMS Document ID:  
- [ ] Employee  
- [ ] State  

Total Amount Due To:  

<table>
<thead>
<tr>
<th>DATE</th>
<th>DESCRIPTION</th>
<th>OTHER EXPENSES AMOUNT</th>
<th>DATE</th>
<th>DESCRIPTION</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>25</td>
<td></td>
<td></td>
<td>26</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

EXPENSES BILLED TO THE STATE  

<table>
<thead>
<tr>
<th>DATE</th>
<th>VENDOR</th>
<th>AMOUNT</th>
<th>CARDHOLDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>28</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I certify that I have personally examined and approved this Travel Expense Account Settlement. The terms of the expense are reasonable and correspond to the assigned duties of the traveler. The terms of expenses further meet all Higher ED/Grant/Contract Travel Regulations and are within the budget of this spending unit.

Traveler Signature  
Date  
Professional Development Approval  
Date  

Agency Head/Designee  
Date  

COST CODE  
FUND  
ACCT  
ORG  
OBJ  
AMOUNT $
**State of West Virginia**
**West Virginia Northern Community College**
**TRAVEL EXPENSE SETTLEMENT**

**Name:** Jo Smoe  
**Title:** Counselor  
**Cost Code:** 5555

**Address:** 55 Home Street  
**City, State, Zip:** Wheeling, WV 26003  
**Normal Work Hours:** 8 am to 5 pm

**Department:** Education  
**Headquarters:** Wheeling  
**Vehicle:** 
- State
- Rental
- Personal
- Other

**Contact:** Travel Coordinator at 304-233-5900, ext. 4223

**Purpose of Travel:** Attended the Annual Counselor's Conference.

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>CITY/STATE From/To</th>
<th>MILES</th>
<th>AMOUNT</th>
<th>AIR</th>
<th>CAR RENTAL</th>
<th>MEALS</th>
<th>LODGING</th>
<th>OTHER</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/15/07</td>
<td>6 am</td>
<td>WHEELING, WV</td>
<td></td>
<td>$ 0.00</td>
<td></td>
<td></td>
<td>$ 28.25</td>
<td>$ 114.02</td>
<td>$ 25.00</td>
<td>$ 167.27</td>
</tr>
<tr>
<td>08/16/07</td>
<td></td>
<td>CHARLESTON, WV</td>
<td></td>
<td>$ 0.00</td>
<td></td>
<td></td>
<td>$ 14.85</td>
<td>$ 114.02</td>
<td>$ 10.00</td>
<td>$ 138.87</td>
</tr>
<tr>
<td>08/17/07</td>
<td>7 PM</td>
<td>CHARLESTON, WV</td>
<td></td>
<td>$ 0.00</td>
<td></td>
<td></td>
<td>$ 18.25</td>
<td></td>
<td></td>
<td>$ 18.25</td>
</tr>
</tbody>
</table>

Subtotal: $0.00  
Less Cash Advance: $0.00  
Total Amount Due To: $324.39

**DATE**  
**DESCRIPTION**  
**AMOUNT**  
<table>
<thead>
<tr>
<th>DATE</th>
<th>DESCRIPTION</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/15/07</td>
<td>GASOLINE - CARD WOULD NOT WORK</td>
<td>$ 25.00</td>
</tr>
<tr>
<td>08/16/07</td>
<td>PARKING</td>
<td>$ 10.00</td>
</tr>
</tbody>
</table>

**DATE**  
**VENDOR**  
**AMOUNT**  
**CARDHOLDER**  
<table>
<thead>
<tr>
<th>DATE</th>
<th>VENDOR</th>
<th>AMOUNT</th>
<th>CARDHOLDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/15/07</td>
<td>COUNSELOR'S R US</td>
<td>$ 125.00</td>
<td>APRIL SCHRUMP</td>
</tr>
</tbody>
</table>

Payment Code: PC= Purchasing Card  DB= Direct Bill

I certify that I have personally examined and approved this Travel Expense Account Settlement. The terms of the expense are reasonable and correspond to the assigned duties of the traveler. The terms of expenses further meet all Higher ED/Grant/Contract Travel Regulations and are within the budget of this spending unit.

Jo Smoe  
Traveller Signature  
8/18/07  
Professional Development Approval Date  
8/20/07

Mrs. Supervisor  
8/19/07  
Date  
Agency Head/Designee  
Mrs. Business Office  
8/21/07

AGENCY USE ONLY
COST CODE  
FUND  
ACCT 092  
ORG 0482  
OBJ  
AMOUNT $