

## **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

Print Form

Cost Code 7

Name: 1 Title: 2 FIMS No:

Address: 3 City, State, Zip: 4

Department: 5 Headquarters: 6 Normal Work Hours: 8

Contact: Travel Coordinator at 304-233-5900, ext. 4223 9 Vehicle:  State  Rental  Personal  Other

Purpose of Travel: 10

Date M/DD/YY	TIME AM/PM	CITY/STATE From/To	MILES	AMOUNT	AIR	CAR RENTAL	MEALS	LODGING	OTHER	TOTAL
11	12	13 14	15	\$ 0.00	16	17	18	19	20	\$ 0.00
21	22	23 24								

Subtotal: 00000 \$ 0.00

Less Cash Advance: WVFIMS Document ID:  Employee  State

Total Amount Due To:

DATE	DESCRIPTION	AMOUNT	DATE	DESCRIPTION	AMOUNT
25	26	27			

DATE	VENDOR	AMOUNT	CARDHOLDER
28	29		31

Payment Code: PC=Purchasing Card DB= Direct Billed

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.

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.

33 \_\_\_\_\_ Date 35 \_\_\_\_\_ Date  
Traveler Signature Professional Development Approval

34 \_\_\_\_\_ Date \_\_\_\_\_ Date  
Supervisor Signature Agency Head/Designee

COST CODE \_\_\_\_\_ FUND \_\_\_\_\_ AGENCY USE ONLY ACCT 099 ORG 0489 OBJ \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

State of West Virginia  
West Virginia Northern Community College  
TRAVEL EXPENSE SETTLEMENT

SAMPLE

Print Form

Cost Code 5555

Name: Jo Smoe Title: Counselor FIMS No:

Address: 55 Home Street City, State, Zip: Wheeling, WV 26003

Department: Education Headquarters: Wheeling Normal Work Hours: 8 am to 5 pm

Contact: Travel Coordinator at 304-233-5900, ext. 4223 Vehicle:  State  Rental  Personal  Other

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

Date M/DD/YY	TIME AM/PM	CITY/STATE From/To	MILES	AMOUNT	AIR	CAR RENTAL	MEALS	LODGING	OTHER	TOTAL
08/15/07	6 am	WHEELING, WV CHARLESTON, WV		\$ 0.00			\$ 28.25	\$ 114.02	\$ 25.00	\$ 167.27
08/16/07				\$ 0.00			\$ 14.85	\$ 114.02	\$ 10.00	\$ 138.87
08/17/07	7 PM	CHARLESTON, WV WHEELING, WV		\$ 0.00			\$ 18.25			\$ 18.25

Subtotal: 00000 \$ 0.00 \$ 0.00 \$ 0.00 \$ 61.35 \$ 228.04 \$ 35.00 \$ 324.39

Less Cash Advance: WFIMS Document ID:  Employee  State \$ 324.39

Total Amount Due To:

DATE	DESCRIPTION	AMOUNT	DATE	DESCRIPTION	AMOUNT
08/15/07	GASOLINE - CARD WOULD NOT WORK	\$ 25.00			
08/16/07	PARKING	\$ 10.00			

DATE	VENDOR	AMOUNT	CARDHOLDER
07/15/07	COUNSELOR'S R US	\$ 125.00	APRIL SCHRUMP

Payment Code: PC=Purchasing Card DB= Direct Billed  
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.

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 8/18/07  
Traveler Signature Date  
Mrs. Supervisor 8/19/07  
Supervisor Signature Date

Mr. Professional Dev. 8/20/07  
Professional Development Approval Date  
Mrs. Business Office 8/21/07  
Agency Head/Designee Date