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

Print Form

Cost Code

Name: **Title:** **FIMS No:**

Address: **City, State, Zip:**

Department: **Headquarters:** **Normal Work Hours:**

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

Purpose of Travel:

Date M/DD/YY	TIME AM/PM	CITY/STATE From/To	MILES	AMOUNT	AIR	CAR RENTAL	MEALS	LODGING	OTHER	TOTAL
Subtotal:										

Less Cash Advance:

WVFIMS Document ID: _____

Total Amount Due To: ◯ Employee ◯ State

OTHER EXPENSES

DATE	DESCRIPTION	AMOUNT	DATE	DESCRIPTION	AMOUNT

EXPENSES BILLED TO THE STATE

DATE	VENDOR	AMOUNT	CARDHOLDER

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.

Traveler Signature Date

Professional Development Approval Date

Supervisor Signature Date

Agency Head/Designee Date

AGENCY USE ONLY

COST CODE _____ **FUND** _____ **ACCT** 099 **ORG** 0489 **OBJ** _____ **AMOUNT $**_____