


# Instructions: Travel Expense Account Settlement for Employees

## Step 1:



### STATE OF WEST VIRGINIA TRAVEL EXPENSE ACCOUNT SETTLEMENT

<input type="checkbox"/> <b>EMPLOYEE TRAVEL</b>	<b>IF SUBMITTING A NON-EMPLOYEE TRAVEL REIMBURSEMENT, A COPY OF THE CONTRACT/AGREEMENT MUST BE ATTACHED.</b>
<input type="checkbox"/> <b>NON-EMPLOYEE TRAVEL</b>	
Name: _____	Title: _____ WVOASIS ID: _____
Address: _____ City: _____	
State: _____ ZIP: _____	Headquarters: _____ Normal Work Hours: _____
Department: _____	Division: _____ Section: _____
Travel Purpose: _____	
State Car: <input type="checkbox"/>	<a href="https://www.gsa.gov/travel/plan-book/transportation-airfare-rates-pov-rates/privately-owned-vehicle-pov-mileage-reimbursement-rates">https://www.gsa.gov/travel/plan-book/transportation-airfare-rates-pov-rates/privately-owned-vehicle-pov-mileage-reimbursement-rates</a>
Personal Car: <input type="checkbox"/>	Current Mileage Rate 0.58
REGISTRATION REQUIRED? <input type="checkbox"/>	<b>IF YES, ATTACH COMPLETED REGISTRATION FORM AND ENTER FEE AMOUNT IN "OTHER" SECTION BELOW (if fee is applicable)</b>

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8

1. Enter "X" into the Employee Travel Box
2. Enter your name, title, and WVOASIS ID. If you do not know your WVOASIS ID, leave this blank or contact Vanesse Myers ([vanesse.myers@wv.gov](mailto:vanesse.myers@wv.gov)).
3. Enter your **HOME** address and city.
4. Enter the state and zip code for your home address. In "Headquarters" in the city where your work office is located. Enter your normal work hours, such as 8:30am – 5:00pm.
5. In "Department", enter **Library Commission**. In "Division", enter **Administrative Services, Library Development & Services, Network Services, or Special Services**. You may leave the "Section" blank.
6. In "Travel Purpose", enter a brief justification as why the travel was necessary.
7. If you used a state vehicle, mark "X" in the "State Car" box. If you used a personal car, mark "X" in the "Personal Car" box. The "Current Mileage Rate" is already entered. To check the mileage rate use the GSA.gov link provided.
8. If you are attending training, conferences, etc. that require registration, mark "X" in the "Yes" box. If you are not, mark "X" in the "No" box. Attach the completed registration form.

## Step 2:

DATE	TIME	CITY/STATE	MILES	AMOUNT	AIR	CAR RENTAL	M & IE*	LODGING	OTHER	TOTAL
				0.00						0.00
				0.00						0.00
				0.00						0.00
				0.00						0.00
				0.00						0.00
				0.00						0.00
				0.00						0.00
				0.00						0.00
				0.00						0.00
				0.00						0.00
				0.00						0.00
				0.00						0.00
				0.00						0.00
				0.00						0.00
<b>Total Expenses page 2</b>				0	0.00	0.00	0.00	0.00	0.00	0.00
<b>TOTALS</b>				0	0.00	0.00	0.00	0.00	0.00	0.00

\*GSA Meals & Incidentals (M&IE): <https://www.gsa.gov/travel/plan-book/per-diem-rates/per-diem-rates-lookup>

Enter all expenses incurred with your travel, including those paid for by other sources, i.e. the state or hosting organizations. Click on the cells with the **Red Triangles** to what to enter in each column.

Step 3:

OTHER EXPENSES			EXPENSES PAID BY OTHER SOURCES/ADVANCES (attach receipt copies)			
DATE	ITEMS	AMOUNT	DATE	PMT CODE	ITEM AND VENDOR	AMOUNT
Total Other Expenses page 2		0.00	Total Paid By Other Sources/Advances page 2			0.00
Total Other Expenses		0.00	Total Paid By Other Sources/Advances			0.00
PMT CODES			Total Reimbursable Amount			0.00
DB	DIRECT BILLED TO AGENCY		I certify that all expenses submitted for reimbursement accurately reflect costs incurred in connection with assigned duties of the traveler performed for a legitimate government reason and are not reimbursable from any other source.			
PCARD	PURCHASE CARD					
ADV	CASH ADVANCE ISSUED					
OTHER	PAID BY OTHER SOURCE					

1. Enter information from the “Other” column in Step 2 into the “Other Expenses” box. The “Total Other Expenses” should sum to the “Other” column in Step 2. For any expenses entered in Step 2 that were paid by sources other than the employee, enter the details in the “Expenses Paid by Other Sources/Advances”.
2. Use these “PMT Codes” for the “PMT CODE” column in the Expenses Paid by Other Sources/Advances” box. For example, enter “DB” if the agency booked your hotel room. The “Total Reimbursable Amount” is calculated for you and is the amount you will be reimbursed  
 (Total Expenses – Total Paid by Other Sources/Advances = Total Reimbursable Amount)

Step 4:

PCARD	PURCHASE CARD	I certify that all expenses submitted for reimbursement accurately reflect costs incurred in connection with assigned duties of the traveler performed for a legitimate government reason and are not reimbursable from any other source.
ADV	CASH ADVANCE ISSUED	
OTHER	PAID BY OTHER SOURCE	
<b>Notes and Comments for Clarification</b>		Traveler's Signature _____ Date _____
		Approval Supervisor/Agency Head _____ Date _____
		I certify that I have personally examined and approved the Travel Expense Settlement and the terms of expenses are reasonable and correspond to the assigned duties of the traveler and meet applicable Travel Regulations and are within the budget of this spending unit.
		Approval Agency Head/Designee _____ Date _____

Enter any additional notes or comments to clarify if necessary. Sign and date the form and send to your supervisor for approval.

Step 5:

AGENCY ACCOUNTING INFORMATION														
FUND	SUB FUND	FY	DEPT	UNIT	APPROP	OBJ	SUB OBJ	AMOUNT	MAJOR PROGRAM	PROG.	ENTITL. YEAR	FUNCTION	ACT.	LOC.

Do not enter anything in this section.



If you need additional expense lines for Step 2 and 3, click on the

“Continuation” tab.

Remember to attach all applicable receipts and documentation. If you need assistance, contact Vanesse Myers (304-558-2041 or [vanesse.myers@wv.gov](mailto:vanesse.myers@wv.gov)).