



**STATE OF WEST VIRGINIA
TRAVEL AUTHORIZATION**

Original-Submitted for payment – Copy 1-Travel Management Office
Copy 2-Spending Unit – Copy 3-Spending Unit

Traveler
Traveler's Title
Department
Division
Section
Contact
Telephone Number

Travel Category

Site/Client visit Conference attendance Special mission
 Informational meeting Training attendance Candidate travel
 Speech/Presentation Recruiting Relocation
 Other _____

Statement of Purpose

Statement of Justification

Requested By: _____ Date _____
 Traveler's Signature & Printed Name

Approved By: _____ Date _____
 Immediate Supervisor's Signature & Printed Name

Approved By: _____ Date _____
 Unit Director' Signature & Printed Name

Approved By: _____ Date _____
 Chief Financial Officer's Signature & Printed Name
 (Required for Travel with Overnight Accommodations)

As Required: _____ Date _____
 Travel Management Office Signature & Printed Name

Traveler must submit the original form containing original signatures to the Office of the Chief Financial Officer. Scanned copies are not acceptable.

WVTMP 1.0

Request # _____ FY _____
 Request Date _____ YR _____

Account Type(s): Account Number(s):

General Revenue _____
 Special Revenue _____
 Federal Revenue _____
 Other _____

DATE	TIME	CITY/STATE

Estimated Costs (Complete all that Apply)

	Direct Billed ①	Reimbursed
Transportation		
Commercial Air Carrier ②		
Charter Aircraft		
Rail Service _____		
Commercial Vehicle Rental ②		
Personal Vehicle _____ mi. @ _____		
Taxi/Ground Transportation		
Other Transportation Rental Vehicle		
Parking		
Registration		
Lodging ③ \$ _____ Per night		
Facility Name _____		
Meals		
Other		
Other		
Subtotal Estimated Expenses	\$ _____	\$ _____
Total	\$ _____	
_____ Days @ \$ _____ per day	\$ _____	
Registration	\$ _____	
Cash Advance Total	\$ _____	_____ TMO

1. All direct billed expenses require the advance approval of the Travel Management Office.
 2. State Contracted Travel Agency Must Be Used. 3. Board & Lodging Voucher Required.