



**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**

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