

West Virginia University Travel Authorization

Traveler: _____ Title: _____

Address: _____ FIMS # _____

_____ Status: Employee: _____ Student: _____ Other: _____

Travel Date(s): _____ Destination: _____

Purpose Of Travel: _____

ESTIMATED TRAVEL COSTS							
	Direct Billed	Procurement Card	Reimbursable Expense	Personal Expense	Private Funding		
Personal Vehicle							
State Vehicle							
Car Rental							
Commercial Airfare							
Lodging							
Meals							
Registration Fees							
Miscellaneous (i.e. parking, taxi)							
TOTAL FOR TRIP:							
						GRAND TOTAL:	

Pcard Holder's Name: _____

Pcard Holder's Name: _____

ORACLE ACCOUNTING INFORMATION	AMOUNT

Traveler's Signature _____

Date _____

Principal Investigator _____
 (If Applicable)

Date _____

Dean/Director/Designee _____

Date _____

Form Instructions: After appropriate signatures, forward original completed form to travel coordinator and a copy of form to Departmental Card Coordinator if a procurement card is being used.

Receipt Instructions: Original receipts for any reimbursable expenses are to be turned into the travel coordinator. Original receipts for the procurement card charges must be turned into the Departmental Card Coordinator within 48 hours upon completion of trip.

Note: Copy of expense account, travel authorization and receipts must be retained in the department. All forms are subject to internal audit.