





**MARSHALL UNIVERSITY and STATE OF WEST VIRGINIA  
TRAVEL EXPENSE ACCOUNT SETTLEMENT  
ATTACHMENT #1**

| Name:  |       | Title:         |       | FIMS Vendor No:                          |     |            |       |         |       |       |
|--|-------|----------------|-------|--|-----|------------|-------|---------|-------|-------|
| Home Address:  |       | University ID# |       |  |     |            |       |         |       |       |
| City, State, Zip:  |       | Headquarters:  |       | Normal Working Hours: _8:00am to 4:30pm_ |     |            |       |         |       |       |
| Department: MARSHALL   |       | Division:      |       | Section:                                 |     |            |       |         |       |       |
| Purpose of Travel:   |       |                |       |  |     |            |       |         |       |       |
| Date:  | Time: | City/State     | Miles | Amount                                   | Air | Car Rental | Meals | Lodging | Other | Total |
|  |       | From:          |       |  |     |            |       |         |       |       |
|  |       | To:            |       |  |     |            |       |         |       |       |
|  |       | From:          |       |  |     |            |       |         |       |       |
|  |       | To:            |       |  |     |            |       |         |       |       |
|  |       | From:          |       |  |     |            |       |         |       |       |
|  |       | To:            |       |  |     |            |       |         |       |       |
|  |       | From:          |       |  |     |            |       |         |       |       |
|  |       | To:            |       |  |     |            |       |         |       |       |
|  |       | From:          |       |  |     |            |       |         |       |       |
|  |       | To:            |       |  |     |            |       |         |       |       |
|  |       | From:          |       |  |     |            |       |         |       |       |
|  |       | To:            |       |  |     |            |       |         |       |       |
|  |       | From:          |       |  |     |            |       |         |       |       |
|  |       | To:            |       |  |     |            |       |         |       |       |
|  |       | From:          |       |  |     |            |       |         |       |       |
|  |       | To:            |       |  |     |            |       |         |       |       |
|  |       | From:          |       |  |     |            |       |         |       |       |
|  |       | To:            |       |  |     |            |       |         |       |       |
|  |       | From:          |       |  |     |            |       |         |       |       |
|  |       | To:            |       |  |     |            |       |         |       |       |
|  |       | From:          |       |  |     |            |       |         |       |       |
|  |       | To:            |       |  |     |            |       |         |       |       |
|  |       | From:          |       |  |     |            |       |         |       |       |
|  |       | To:            |       |  |     |            |       |         |       |       |
|  |       | From:          |       |  |     |            |       |         |       |       |
|  |       | To:            |       |  |     |            |       |         |       |       |
|  |       | From:          |       |  |     |            |       |         |       |       |
|  |       | To:            |       |  |     |            |       |         |       |       |
| This must be attached to a Travel Expense Account Settlement Form. |       |                |       |  |     |            |       |         |       |       |
| <b>SUBTOTAL</b> Page ____ of ____                                  |       |                |       |  |     |            |       |         |       |       |

