# FI 48
# Reimbursement and earnings request

Division of Finance

Clear form

## Instructions

Attach supporting documentation to the completed form. Please review the state finance policy for your specific reimbursement or payment type to ensure you've included all the all required documentation.

## Employee information

Name:

EIN:

Agency:

Agency code:

Vendor # (if applicable):

## Paid through Vantage financial

| Reimbursement type | Object code | Date | Amount |
|---|---|---|---|
| Non-taxable education assistance | 6282 | | |
| Parking or bus pass | 6167 | | |
| Registration | 6276 | | |
| Non-taxable uniform allowance | 6199 | | |
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| | | | |
| | | Total | $ 0.00 |

## Processed through payroll

| Reimbursement or earnings type | Event | Date | Amount |
|---|---|---|---|
| Taxable overtime meal allowance | 1184 | | |
| Taxable education assistance | 1123 | | |
| Non-taxable education assistance | 1154 | | |
| Taxable uniform allowance | 1120 | | |
| Taxable service incentive award | 1135 | | |
| Taxable incentive award | 1139 | | |
| Taxable noncash award | 1128 | | |
| Taxable relocation allowance | 1145 | | |
| Taxable meeting per diem | 1133 | | |
| Taxable noncash misc. income | 1112 | | |
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| | | Total | $ 0.00 |

## Commute adjustment

This section may only be used to remove taxable non-cash commute amounts already reported to payroll with the form FI 29: Commute use authorization and payroll notification.

Attach documentation of the dates you didn't commute as reported and the reason why.

I need to decrease my reported commute use by days.

I certify that payroll may adjust my taxable income by an amount of $ 0.00 to event type 1125.

## Accounting information

| Fund | Dept | Unit | Appr | Activ | Function | Obj | Prgm | Phase | Amount |
|---|---|---|---|---|---|---|---|---|---|
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## Comments

## Employee signature

I certify that all expenses included in this statement were for official business purposes and that the amounts are correct.

**Signature** **Date**

## Approval

I have reviewed and approve these expenses.

### Budget officer

**Name** **Signature**

**Date**

### Supervisor

**Name** **Signature**

**Date**

### Division director (or agency equivalent) or designee

**Name** **Signature**

**Date**