

FI 48 AR Revised:
04/2021
Division of Finance



****Submitted Date** ***Employee Identification Number**
****Form Control Number** ****Employee Name** ****Dept / Unit**

Transaction I.D.		
_____	_____	_____
Type	Department	Document Number

Acct. Period (MM) Fiscal Year (YY) Street Address
City
Check Cat. State Zip Code

Department Control #:
***Dept. Name**
***Division**
****Read Only Fields.** *Fields Required to save form.

EMPLOYEE REIMBURSEMENT/EARNINGS REQUEST

Wage Type	Reimbursement/Earning Type	\$ Amount	Fund	Dept	Unit	Approp	Object	Act	Func	Program	Phase	Documentation to attach, etc.	
Paid Thru FINET	Cell/Telephone						6126					Cell/Telephone Bills	
	In-State Travel Advance						6048					See Travel Rules, Attach Schedule Showing Destination, Calculations, and Dates. Out of State-include copy of FI 5.	
	Out-of-State Travel Advance						6098						
	Registration						6276					Registration Receipt	
	Education Non-Tax						6282					Tuition Receipt/Report Card/Contract Agreement	
	Parking / Bus Pass						6166					Mass Transit Receipts	
Paid Thru Payroll	1125 \$3 Commute Fringe (a)											Record Date(s) in Comments Box Below	
	1194 Taxable Overtime Meal Allowance (b)												Record Date(s) in Comments Box Below
	1154 Education Non-Tax												Tuition Receipt/Report Card/Contract Agreement
	1145 Relocation Taxable												Include required documentation per Reimbursements Policy
	1135 Service Award Check												Use these codes when payment is included on a paycheck
	1139 Incentive Award												
	1153 Retirement Service Award Check												Use this code when awarded savings bonds or gift certificates
	1128 Service/Retirement Award Cash Equivalent												
*													
Total			*Use the line above for payroll items not listed										

(a) \$3 per day per round trip commute is taxable (FIACCT 10-01.00)
(b) For Overtime Meal Allowance, a maximum of \$10 per day is allowed (FIACCT 05-03.05)

I hereby certify that all items of expense included in this statement were incurred in the discharge of authorized official business and that the amounts are correct and proper charges.

***Employee Signature**

***Authorized Approval**

Title ***Phone**

Title ****Read Only Fields.** *Fields Required to save form.

Comments/Explanations