

FI 48 AR  
 Revised: 07/2022  
 Division of Finance



Return approved form  
 to payroll@utah.gov

Questions: **(801) 957-7770**

**\*\*Submitted Date**                      **\*Employee Identification Number**

**\*\*Form Control Number**              **\*\*Employee Name**                      **\*\*Dept / Unit**

Acct. Period    Fiscal Year    Street Address  
 (MM)                (YY)  
 City

Check Cat.    State                      Zip Code

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

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						6167					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											
<b>*</b>													
<b>Total</b>				*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**

Title

**\*Phone**

\_\_\_\_\_  
**\*Authorized Approval**

Title

Approver Name

Comments/Explanations

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