



****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						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												
	1128 Service/Retirement Award Cash Equivalent												Use this code when awarded savings bonds or gift certificates
*													
Total													

*Use the line above for payroll items not listed

Comments/Explanations

(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)

Email completed form to: financesupport@utah.gov
 If questions, please call (801) 957-7750.

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

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