Note: Some features may not work when completing the form in the browser. Please download forms to a PDF before entering information. All forms are downloadable PDFs.

FI51B FY24 AR
Revised: 07/2023
Division of Finance

For questions, contact State Travel
(385) 214-7352

☑ Auto Fill Enabled

Control Number (Not saved in FINET) | Document Date | *Required Fields

FINET Transaction ID: Code | Dept. | Document Number

*Vendor Code (EIN): 00000T | *Phone

*Traveler Name | *Department / Unit | *Department Name

Street Address | *Division Name

City | State: UT | Zip Code | Departure Date | Departure Time | Destination

Accounting Period | Fiscal Year | Budget Fiscal Year | Return Date | Return Time | Clear Form

STATE EMPLOYEE TRAVEL REIMBURSEMENT REQUEST FOR OUT-OF-STATE TRAVEL

Totals

Business phone 6132	Meal Allowance 6055	Lodging 6056	Miscellaneous 6053	Mileage 6052	Mileage 6054	Transportation 6057	Registration 6276
$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Grand Total of All Travel	$0.00
(Less) Travel Advance Clearing, or Other	$0.00
(Less) Transportation Expenses Paid by the State	$0.00
(Less) Registration Paid by the State	$0.00
(Less) Lodging Paid by the State	$0.00
(Less) Meals Paid on Travel Card	$0.00
(Less) Business Phone Paid by the State	$ 0.00
(Less) Miscellaneous Expenses Paid by the State	$0.00
To / (From) Traveler	$0.00

Additional Comments

Funding

Object	$ Amount	Fund	Dept	Unit	Appr	Activity	Function	Program	Phase
6132	$0.00								
6055	$0.00								
6056	$0.00								
6053	$0.00								
6052	$0.00								
6054	$0.00								
6057	$0.00								
6098	$0.00								
6276	$0.00								
Total	$0.00	**Due To / (From)Traveler**			$0.00		**Amount Difference**		$0.00

I, the traveler, 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.

Traveler's Title | **Traveler's Signature* | Dept. Travel Representative Signature

The undersigned hereby certify that the expenses on this form were authorized as essential to official state business and payment thereof will not exceed appropriation.

Budget & Accounting Officer Name: _____ Title: _____

**Budget & Accounting Officer or Authorized Agent* _____

Dept. Head or Agent Name: _____ Title: _____

**Department Head or Authorized Agent Approval* _____
(Can be the same as B&A Officer or Authorized Agent.)

Executive Directors who report to the Governor must have all travel approved by the Governor's Chief of Staff or designee. Executive Directors who do not report to the Governor must have their deputy or budget officer sign for department approval.

Chief of Staff

Meals & Lodging

Date MM/DD/YYYY	Time HH:MM AM/PM	Itinerary From	Itinerary To	Breakfast	Lunch	Dinner	Total Meals	Lodging Amount
							$0.00	
							$0.00	
							$0.00	
							$0.00	
							$0.00	
							$0.00	
							$0.00	
							$0.00	
							$0.00	
							$0.00	
							$0.00	
							$0.00	
						Totals	$0.00	$0.00

Miscellaneous

Dates MM/DD/YYYY	Registration Fees	Business Phone	Personal Phone	Other	Other Description
Totals	$0.00	$0.00	$0.00	$0.00	

Transportation

Date MM/DD/YYYY	Transportation Code	Transportation Amount	Private Vehicle Mileage (Rounded)	Private Vehicle Rate	Private Vehicle Amount
	N/A				$0.00
	N/A				$0.00
	N/A				$0.00
	N/A				$0.00
	N/A				$0.00
	N/A				$0.00
	N/A				$0.00
	N/A				$0.00
	N/A				$0.00
	N/A				$0.00
	Total	$0.00		**Total**	$0.00