



*Vendor Code (EIN)

*Phone

FINET Transaction ID

Code Dept. Document Number

*Traveler Name

*Department / Unit

Departure Date Departure Time Destination

Street Address

Return Date Return Time

City

State Zip Code

*Department Name

Accounting Period

Fiscal Year

Budget Fiscal Year

*Division Name

NON-STATE EMPLOYEE TRAVEL REIMBURSEMENT REQUEST FOR IN-STATE TRAVEL

Totals

Business Telephone 6132	Meal Allowance 6005	Lodging 6006	Miscellaneous 6003	Mileage 6002	Mileage 6004	Transportation 6007	Registration 6276

Grand Total of All Travel	
(Less) Travel Advance Clearing, or Other	
(Less) Expenses paid through BTA	
(Less) Prepaid Registration	
(Less) Prepaid Lodging	
Due Traveler	

Additional Comments

Funding

Object	\$ Amount	Fund	Dept	Unit	Appr	Activity	Function	Program	Phase
6132									
6005									
6006									
6003									
6002									
6004									
6007									
6048									
6276									
Total								Amount Difference	

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 Signature

 Traveler's Title

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 or Authorized Agent

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

Meals & Lodging

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

Miscellaneous

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

Transportation

Date MM/DD/YYYY	Transportation Code	Transportation Amount	Private Vehicle		
			Mileage	Rate	Amount
Total			Total		