

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.

FI51C CY22 AR
 Revised: 07/2022
 Division of Finance

Control Number (Not saved in FINET) Document Date

***Required Fields**

| FINET Transaction ID | | |
|----------------------|-------|-----------------|
| Code | Dept. | Document Number |



*Vendor Code (EIN) *Phone
 *Traveler Name *Department / Unit *Department Name
 Street Address *Division Name
 City State Zip Code Departure Date Departure Time Destination
 Accounting Period Fiscal Year Budget Fiscal Year Return Date Return Time

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

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

| <i>Totals</i> | | | | | | | |
|----------------------------|------------------------|-----------------|-----------------------|-----------------|-----------------|------------------------|----------------------|
| 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 | | | | | | | | | |
| | | Due Traveler | | | | | 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 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.)

Meals & Lodging

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

Miscellaneous

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

Transportation

| Date MM/DD/YYYY | Transportation Code | Transportation Amount | Private Vehicle | | |
|--------------------|------------------------|--------------------------|-------------------|--------------|--------|
| | | | Mileage (Rounded) | Rate | Amount |
| | | | | | |
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| | | | | | |
| | | | | | |
| | | Total | | Total | |