

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 FY24 AR  
 Revised: 07/2023  
 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

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

Additional Comments

**Funding**

Object	\$ Amount	Fund	Dept	Unit	Appr	Activity	Function	Program	Phase	
6132										
6005										
6006										
6003										
6002										
6004										
6007										
6048										
6276										
<b>Total</b>										
		<b>Due Traveler</b>					<b>Amount Difference</b>			

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

### Miscellaneous

Dates <small>MM/DD/YYYY</small>	Registration Fees	Business Phone	Personal Phone	Other	Other Description
<b>Totals</b>					

### Transportation

Date <small>MM/DD/YYYY</small>	Transportation Code	Transportation Amount	Private Vehicle		
			Mileage (Rounded)	Rate	Amount
<b>Total</b>			<b>Total</b>		