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.

FI51D FY24 AR
Revised: 07/2023
Division of Finance

*Required Fields

Control Number (Not saved in FINET) | Document Date

FINET Transaction ID
Code | Dept. | Document Number

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

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

Street Address | *Division Name

☑ Auto Fill Enabled

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

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

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

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

Totals

Business Telephone 6132	Meal Allowance 6055	Lodging 6056	Miscellaneous 6053	Mileage 6062	Transportation 6057	Registration 6276
$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) Expenses paid through BTA	$0.00
(Less) Prepaid Registration	$0.00
(Less) Prepaid Lodging	$0.00
Due 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								
6062	$0.00								
6057	$0.00								
6098	$0.00								
6276	$0.00								
Total	$0.00			**Due 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.)

Meals & Lodging

Date MM/DD/YYYY	Time HH:MM AM/PM	Itinerary From	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)	Rate	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