



Control Number (Not saved in FINET)

Document Date

*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

Board Member Travel Reimbursement Request for In-State Travel

Totals

Meal Allowance 6005	Lodging 6006	Mileage 6002	Mileage 6004	Transportation 6007	Grand Total	* Meeting Per Diem

Funding

Object	\$ Amount	Fund	Dept	Unit	Appr	Activity	Function	Program	Phase
6005									
6006									
6002									
6004									
6007									
Total									

Additional Comments

I, the Board Member, hereby certify that I have not been and will not be reimbursed or compensated (including compensatory time) by another governmental entity for my time and/or travel expenses related to this/these Board meeting(s).

*** TAXABLE Meeting Per Diem compensation must be paid through Payroll, NOT through FINET.**

(Fill in the Name of the Board)

 *Board Member's Signature

Board Member'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		

Meeting Attendance Record

Date MM/DD/YYYY	Meeting Time		Meeting Attended	Meeting Location	Meeting Per Diem Amount
	From	To			
				Totals	

Transportation

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