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FI51E 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

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

City

State

Zip Code

Departure Date

Departure Time

Destination

Accounting Period

Fiscal Year

Budget Fiscal Year

Return Date

Return Time

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.

 Department Travel Representative Signature

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.)

