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.

FI51N 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): 00000T | *Phone

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

Street Address | *Division Name

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

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

Clear Form

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

☑ Auto Fill Enabled

NON-STATE EMPLOYEE TRAVEL REIMBURSEMENT REQUEST FOR IN-STATE TRAVEL NO LODGING

Totals

Business Telephone 6132	Taxable Meal Allowance 6283	Miscellaneous 6003	Mileage 6002	Mileage 6004	Transportation 6007	Registration 6276
$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Additional Comments

Funding

Object	$ Amount	Fund	Dept	Unit	Appr	Activity	Function	Program	Phase
6132	$0.00								
6283	$0.00								
6003	$0.00								
6002	$0.00								
6004	$0.00								
6007	$0.00								
6276	$0.00								
Total	$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 AuthorizedAgent.)

Meals

Date MM/DD/YYYY	Time HH:MM AM/PM	Itinerary From	To	Breakfast	Lunch	Dinner	Total Meals
							$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

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