				NSPORTATIO		IENT						
EMPLOYEE TRAVEL & OTHER REIMBURSEMENT Instructions: This form is for employee travel and expense reimbursement. Out of state travel requires completion and approval of the Out of State Travel Authorization form. Airline travel should be booked by ghost card per fiscal rule. Business Office policy may require use of individual or central travel card for lodging. Receipts are required for travel and allowable expenses over \$25 (receipt required on all registration fees). Receipts are not required for Per Diem expenses. If more lines are needed to itemize											Vendor #	
travel expenses than available, attach additional reimbursement forms. Reimbursement request should be completed within 60 days of travel. Please work with your business office on the frequency of completing this form. For additional information, please contact your Business Office or see Fiscal Rule 5-1.											DOC #	
					Per Diem /	/ Incide	entals					
Dates	Time City/Town P		rpose of Travel		Breakfast	Lunch	Dinner	Total Meals	Incidental	Total Per Diem		
								Tota	als:			
Mileage												
Dates				Purpose		0			М	iles	Rate	Amount
	<u> </u>											
												
	https://www.colorado.gov/pacific/oco/trovol.ficcol.rulo											
https://www.colorado.gov/pacific/osc/travel-fiscal-rule Subtotal Mileage: Other Allowable Expenses/Lodging/Rental Vehicle Subtotal Mileage:												
Dates					Description o							Amount
Note: For other allowable expenses See Fiscal Rule 5-1 Subtotal C											Other:	
					nch is not allowed. If e						<u> </u>	
					workday, Section App 8:00 p.m. on State Bu						Total:	
employee to extend workday, Section Approval may allow meal per diem for dinner. Meal per diem reimbursed under Fiscal Rule 5-1-11.1 will be reported as income on employees W-2. Travel within single day must be coded to GL									avel Adv	vance:		
codes 4251200010 (N) or 4251200011 (P) if in state travel and 4253200010 (N) or 4253200011 (P) if out of state travel.												
*Total Reimbursement: I certify that the statements in the above schedule are true and correct in all respects; that payment of the amounts claimed herein has not and will not be reimbursed to me from												ny other course:
that travel p political nate	performed for v ure or for any	which an adv	vance or reimburs ses not authorized	ement is claimed w d by the Fiscal Rule	as or will be performed s; and that I actually in ay any amount paid to	l by me whi curred or pa	e on State Busi aid the operatin	iness and th g expenses	at no claims of the moto	s are included r vehicle for v	I for expenses of a which reimburseme	personal or
Employee S	Signature				Date Phone		Employee	Name (Print	:)			
Section App	oroval (Name	and Title)			Date	Secor	dary Approval (Name and	Γitle)		Date	
Reimbursement Coding Information (shaded area must be completed before submission):												
GL Account Func. Area			Cos	Cost Center WE		S Element Assig		nment # O		Order #	Amount	
_	*Employee	Reimburg	ement via Ela	stronic Funde T	ransfer (EFT) only		*Total or		ad (must a	qual total m	aimbursed):	
-	Signature				Date: Poster Sig				nount coded (must equal total re cinature:			
	- griatar d									Date:		