

# EMPLOYEE EXPENSE REPORT

Employee Name	Home Address (Include City, State and Zip Code)	Employee ID (Same Number Used on Payroll Stub)	
Reason for Travel/Misc. Reimbursement		Department	Barg Unit (3 digit)
If you use a private car for out-of-state travel, please attach quote of the lowest round trip airfare available.		International Travel Exchange Rate (if applicable):	
Travel not to exceed this amount \$			

Date	Daily Description/Comments	ITINERARY		Meals			Lodging	Personal Telephone	Conference Registration Fee	Parking	Trip Miles	Total Trip and Local Mi.	Mileage Rate	Mileage Amount	Total	
				MEALS <input type="checkbox"/>	one day	overnight										
		Time (Reqd for Meal Reimb.)	Location	B	L	D										trips only
		Departure														
		Arrival														
		Departure														
		Arrival														
		Departure														
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		Departure														
		Arrival														
		Departure														
		Arrival														
							<b>Total</b>	<b>Total</b>	<b>Total</b>	<b>Total</b>	<b>Total</b>	<b>Total</b>	<b>Total</b>	<b>Total</b>	<b>Total</b>	<b>Subtotal</b>

I declare under the penalties of perjury that this claim is just and correct and that no part of it has been paid except with respect to those advance amounts shown. I AUTHORIZE PAYROLL DEDUCTION OF ANY SUCH ADVANCES.

State employees and other officials using state funds traveling on state business and using commercial airlines cannot claim frequent flyer mileage as their own. Employees must certify that they have not claimed frequent flyer mileage for personal use when they apply for travel reimbursement. *Any benefits received belong to the state.*

Employee Signature	Date	Work Phone
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Approved: Based on knowledge of the necessity for travel and expense and on the basis of compliance with all provisions of applicable travel regulations.

Supervisor/Authorized Signature for Account	Date	Work Phone
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OTHER EXPENSES - See reverse for list of Expense Types			
Date	Exp Type	Description	
<b>Grand Total: Subtotal from above plus total of all Other Expenses</b>			<b>Grand Total</b>

Payment Methods (Check all that apply)
PO#
CAO35#
Purchasing Card

FUNDING SOURCES (Required)			
Travel Type ( <input checked="" type="checkbox"/> )	Cost Center	Dollars	
<input type="checkbox"/> Prof Dvlp / Contract			
<input type="checkbox"/> Department			
<input type="checkbox"/> Other			
<b>Total Amount Claimed (Total of Funding Sources)</b>			

Less Advance	
Advance / Reimbursement Settlement	