COLORADO DEPARTMENT OF TRANSPORTATION

EMPLOYEE TRAVEL & OTHER REIMBURSEMENT

Instructions: This form is for employee travel 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 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.

Vendor #

DOC #

Per Diem / Incidentals

Dates	Time Out	Time In	City/Town	Purpose of Travel	Breakfast	Lunch	Dinner	Total Meals	Incidental	Total Per Diem
								0		0
								0		0
								0		0
								0		0
								0		0
								0		0
								0		0
								0		0
								0		0
								0		0
								0		0
							Totals:	$ 0.00	$ 0.00	$ 0.00

Mileage

Dates	Purpose of Travel	Miles	Rate	Amount
				0
				0
				0
				0

https://www.colorado.gov/pacific/osc/travel-fiscal-rule

Subtotal Mileage: $ 0.00

Other Allowable Expenses/Lodging/Rental Vehicle

Dates	Description of Purchase	Amount

Note: For other allowable expenses See Fiscal Rule 5-1

Subtotal Other: $ 0.00

Fiscal Rule 5-1-11.1 Travel within a single day - Reimbursement of lunch is not allowed. If employee or official leaves home prior to 5:00 a.m. on State Business requiring employee to extend workday, Section Approval may allow meal per diem for breakfast. If employee or official remains away from home after 8:00 p.m. on State Business requiring 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 codes 4251200010 (N) or 4251200011 (P) if in state travel and 4253200010 (N) or 4253200011 (P) if out of state travel.

Total: $ 0.00

Less: Travel Advance:

***Total Reimbursement:** $ 0.00

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 any other source; that travel performed for which an advance or reimbursement is claimed was or will be performed by me while on State Business and that no claims are included for expenses of a personal or political nature or for any other expenses not authorized by the Fiscal Rules; and that I actually incurred or paid the operating expenses of the motor vehicle for which reimbursement is claimed on a mileage basis. Further, I hereby authorize the State to deduct from my pay any amount paid to me in excess of my authorized expenses as provided by Fiscal Rule 5-1.

Employee Signature	Date	Phone	Employee Name (Print)

Section Approval (Name and Title)	Date	Secondary Approval (Name and Title)	Date

Reimbursement Coding Information (shaded area must be completed before submission):

GL Account	Func. Area	Cost Center	WBS Element	Assignment #	Order #	Amount

***Employee Reimbursement via Electronic Funds Transfer (EFT) only**

*Total amount coded (must equal total reimbursed): $ 0.00

Parker Signature:	**Date:**	**Poster Signature:**	**Date:**