



****Submitted Date**

***Employee Identification Number**

****Form Control Number**

****Employee Name**

****Dept / Unit**

Acct. Period
(MM)

Fiscal Year
(YY)

Street Address

City

Check Cat.

State

Zip Code

Department Control #:

***Dept. Name**

***Division**

****Read Only Fields.** *Fields Required to save form.

Transaction I.D.		
Type	Department	Document Number

EMPLOYEE REIMBURSEMENT/EARNINGS REQUEST

Wage Type	Reimbursement/ Earning Type	\$ Amount	Fund	Dept	Unit	Approp	Object	Act	Func	Program	Phase	Documentation to attach, etc.
Paid Thru FINET	Cell/Telephone						6126					Cell/Telephone Bills
	In-State Travel Advance						6048					See Travel Rules, Attach Schedule Showing Destination, Calculations, and Dates. Out of State-include copy of FI 5.
	Out-of-State Travel Advance						6098					
	Registration						6276					Registration Receipt
	Education Non-Tax						6282					Tuition Receipt/Report Card/Contract Agreement
	Parking / Bus Pass						6166					Mass Transit Receipts
Paid Thru Payroll	1125 \$3 Commute Fringe (a)											Record Date(s) in Comments Box Below
	1194 Taxable Overtime Meal Allowance (b)											Record Date(s) in Comments Box Below
	1154 Education Non-Tax											Tuition Receipt/Report Card/Contract Agreement
	1145 Relocation Taxable											Include required documentation per Reimbursements Policy
	1135 Service Award Check											
	1139 Incentive Award											Use these codes when payment is included on a paycheck
	1153 Retirement Service Award Check											
	1128 Service/Retirement Award Cash Equivalent											Use this code when awarded savings bonds or gift certificates
*												

Total

*Use the line above for payroll items not listed

(a) \$3 per day per round trip commute is taxable (FIACCT 10-01.00)

(b) For Overtime Meal Allowance, a maximum of \$10 per day is allowed (FIACCT 05-03.05)

I 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 charges.

***Employee Signature**

Title

***Phone**

***Authorized Approval**

Title

****Read Only Fields.** *Fields Required to save form.

Comments/Explanations