AGENCY USE ONLY

FI 48 AR Revised: 10/2020
Division of Finance

****Submitted Date** | ***Employee Identification Number**

****Form Control Number** | ****Employee Name** | ****Dept / Unit**

Acct. Period (MM) | Fiscal Year (YY) | Street Address

City | UT | State | Zip Code

Check Cat.

Clear Form

Transaction I.D.: Type | Department | Document Number

Department Control #:

***Dept. Name**

***Division**

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

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											Use these codes when payment is included on a paycheck
	1139	Incentive Award											
	1153	Retirement Service Award Check											
	1128	Service/Retirement Award Cash Equivalent											Use this code when awarded savings bonds or gift certificates
*													

Total $0.00 *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.

Comments/Explanations

***Employee Signature** | Title | ***Phone**

***Authorized Approval** | Title

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