



TRAVEL REQUEST / EXPENSE REIMBURSEMENT

100 E. Abriendo Ave.

NAME	DEPARTMENT
EVENT	LOCATION
TOTAL TRAINING HOURS	DATES

Pueblo, CO 81004-4290

	REQUEST			REPORT			TOTAL Include amts. pd. in advance
	Estimated Expense	Pay in advance*		Amt. paid in advance	Reimbursabl e Expenses	Rcp t ✓	
Check		VISA					
Registration fees							
Transportation Luggage							
Air							
Ground							
Parking							
Mileage @ .67/mile <small>(see reverse side)</small>							
Lodging							
Per diem** / food							
____ days @							
Other _____							
TOTAL							

*Provide Finance with any necessary paperwork and/or information where to send check.

APPROVALS			
	REQUEST		REPORT / EXPENSE REIMBURSEMENT
Supervisor		Date	Date
Director/Assoc.Dir. <small>(required for out of county travel)</small>		Date	Date
<input type="checkbox"/> Denied / Reason			ACCT #
			VENDOR #

**Per diem rates available at: http://www.gsa.gov/Portal/gsa/ep/contentView.do?contentType=GSA_BASIC&contentId=17943 - Per diem claimed must be substantiated with list of days, meals and actual costs OR receipts.

FINANCIAL MANAGEMENT
Travel Request / Expense Reimbursement

Effective: 01-01-2024
APPENDIX 04.01.04.F1

NAME	DEPARTMENT
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MILEAGE BY PERSONAL VEHICLE

Purpose	Date	From	To	Miles Driven
Total Miles				
X .67 01/01/2024				
Amount to reimburse				

APPROVAL – Mileage Only				
Supervisor		Date	ACCT #	VENDOR #
Director/Assoc.Dir. (required for out-of-county travel)		Date		
<input type="checkbox"/> Denied / Reason				