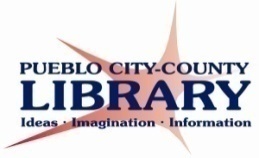
**TRAVEL REQUEST / EXPENSE REIMBURSEMENT**

**100 E. Abriendo Ave.**

|  |  |
| --- | --- |
| **NAME** | **DEPARTMENT** |
| **EVENT** | **LOCATION** |
| **PURPOSE** | **DATES** |

**Pueblo, CO 81004-4290**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **REQUEST** | | | | **REPORT** | | | |
|  | **Estimated Expense** | **Pay in advance\*** | | **Amt. paid in advance** | **Reimbursable Expenses** | **Rcpt**  **✓** | **TOTAL**  Include amts. pd. in advance |
| **Check** | **VISA** |
| **Registration fees** |  |  |  |  |  |  |  |
| **Transportation**  **Luggage** |  |  |  |  |  |  |  |
| **Air** |  |  |  |  |  |  |  |
| **Ground** |  |  |  |  |  |  |  |
| **Parking** |  |  |  |  |  |  |  |
| **Mileage @ .54/mile**  (see reverse side) |  |  |  |  |  |  |  |
| **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.** (required for out of county travel) |  | **Date** |  | **Date** |
| **🞎 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 Effective: 01-01-2016***

*Travel Request / Expense Reimbursement APPENDIX 04.01.04.F1*

1 of 2

|  |  |
| --- | --- |
| **NAME** | **DEPARTMENT** |

**MILEAGE BY PERSONAL VEHICLE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Purpose** | **Date** | **From** | **To** | **Miles Driven** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | | | Total Miles |  |
| x .54 01/01/2016 |  |
| **Amount to reimburse** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **APPROVAL – Mileage Only** | | | | |
| **Supervisor** |  | **Date** | **ACCT #** | **VENDOR #** |
| **Director/Assoc.Dir.** (required for out-of-county travel) |  | **Date** |
| **🞎 Denied / Reason** |  | | | |

***FINANCIAL MANAGEMENT Proposed: 01-01-2016***

*Travel Request / Expense Reimbursement APPENDIX 04.01.04.F1*

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