State of Colorado

TRAVEL EXPENSE

Department:	Division or Agenc	Month FY2014

Date	Travel		Time Depart	Time Return	Mileage			Meals and Lodging					
	From	To			No. Miles	Rate Per Mile	Total	Bkst.	Lunch	Dinner	$5 Incidental	Lodg.	Total
						$ 0.50	$0.00						$0.00
						$ 0.50	$0.00						$0.00
						$ 0.50	$0.00						$0.00
						$ 0.50	$0.00						$0.00
						$ 0.50	$0.00						$0.00
						$ 0.50	$0.00						$0.00
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						$ 0.50	$0.00						$0.00
						$ 0.50	$0.00						$0.00
						$ 0.50	$0.00						$0.00
						$ 0.50	$0.00						$0.00
TOTALS					0		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Miscellaneous Expenses:

Purpose of Trip: (use additional space at bottom)

Total Expenses

Less Travel Advance

Persons and Agencies Contacted: (use additional space at bottom)

TOTAL

"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."

Payee Signature	**Mail Address:**
Payee Print	

_____ Please pay by electronic funds transfer _____ Establish Record for EFT

RECOMMENDED FOR APPROVAL

Fiscal Officer					Supervisor				Executive Director			
FUND	AGCY	ORG - SUB	APPROP	PROG	FUNC	OBJ - SUB	B/S	GBL	RPTG		JOB/PROG	AMOUNT
											TOTAL	**$0.00**

6-AC-02
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