COLORADO DEPARTMENT OF AGRICULTURE
TRAVEL REIMBURSEMENT FORM

Employee Name:		Employee ID:		Fiscal Year:		Month:	

Purpose of Reimbursement: (Please provide a brief explanation of reason for travel and persons/agencies contacted)

to attend CWIDB meeting or function

Travel Reimbursements

Use Appendix A1 to identify your out of state per diem rate; Appendix A2 for allocation per meal: Link: Current Per Diem Rates

Reference the State fiscal rule related to travel and allowable/unallowable expenses: Travel Fiscal Rule

Travel Details					Mileage			Per Diem				
	Travel Locations											
Date	From	To	Departure Time	Return Time	# Miles	Rate per Mile*	Total	Breakfast	Lunch	Dinner	Incidental	Total
						$ 0.59	$ -					$ -
						$ 0.59	$ -					$ -
						$ 0.59	$ -					$ -
						$ 0.59	$ -					$ -
						$ 0.59	$ -					$ -
						$ 0.59	$ -					$ -
						$ 0.59	$ -					$ -
						$ 0.59	$ -					$ -
						$ 0.59	$ -					$ -
						$ 0.59	$ -					$ -
						$ 0.59	$ -					$ -
						$ 0.59	$ -					$ -
						$ 0.59	$ -					$ -
						$ 0.59	$ -					$ -
						$ 0.59	$ -					$ -
						$ 0.59	$ -					$ -
					Reimbursement Totals:		$ -	$ -	$ -	$ -	$ -	$ -

*Mileage rate listed is for 2WD. The State does allow 4WD reimbursement at $.62/mile, however the need to utilize 4WD for safe travel must be documented and provided with your reimbursement in order to claim the rate.

Per Diem Explanations:

Please note any meals provided during trip (i.e. continental breakfast at hotel, lunch at conference, etc.). Please also provide location for meals being reimbursed at higher amount than location of stay. An example of this situation would be getting lunch during your travel in a county that provides a higher per diem amount.

Miscellaneous Expense Reimbursements

Use this area to record all miscellaneous reimbursements paid for personally during your travel. If lodging was not on a state card, please note amount to reimburse.

Date	Item for reimbursement	Explanation of purpose/reason for reimbursement	Amount
		Total Misc Expense Reimbursement:	$ -

Reimbursement Totals:	Mileage	Per Diem	Misc Expense	Less Travel Advance	Total Reimbursement
	$ -	$ -	$ -		$ -

Coding for Reimbursements

Refer to the latest CDA Chart of Accounts for coding: Business Operations Intranet Site

Expense	Fund	Dept	Unit	Appropriation	Activity	Program	Object*	Amount
mileage	2260	BMAA	1507	BCEAAJ025	7701		2523	
per diem	2260	BMAA	1507	BCEAAJ025	7701		2522	
Lodging	2260	BMAA	1507	BCEAAJ025	7701		2520	
						Total Reimbursement Coding:		$ -

*For in state travel, use object 2510 for lodging/airfare, 2512 for per diem, and 2513 for mileage. For out of state travel, use object 2530 for lodging/airfare, and 2532 for per diem.

"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."

Signatures & Submission Instructions

Complete the form in entirety and to the best of your ability with as much information as possible to reduce delays in processing. Form can be used for hard signatures (paper) or email signature approvals (electronic). Only one approval is required, however Divisions have the option to implement Supervisor and Director approval if preferred. For electronic approvals, email completed travel form and documentation to your Division approver(s). In the signature field for employee & approver(s) for electronic approvals, please input "*Approved via Email*" to document approval chain. If approver(s) agrees with information, email needs to be forwarded to **cda_accountspayable@state.co.us** for processing. Hard signature submissions should also be scanned/emailed to the same email address.

Employee Name	Employee Signature	Date
Non-Employee Name	Non-Employee Signature	Date
Non-Employee Remit Address:		
Supervisor Name	Supervisor Signature	Date
Division Director Name	Division Director Signature	Date
Commissioner's Office Name	Commissioner's Office Signature	Date