SEMA4 EMPLOYEE EXPENSE REPORT

☐ in state ☐ short term adv ☐ outstate	Reason for Travel/Advance	Employee Name	Home Address (include city & state)	State Employee ID	Travel Req. #

Advance issued for exp.? ☐ Final expenses for trip? ☐	Trip dates (start/end)	Permanent Work Station (include city and state)	Job Title	BargUnit	Account Number
				None	

Date	Daily Description/Comments	MEALS B	L	D	Meals One Day Trip	Meals Overnight Trip	Lodging	Conference Registr.Fee	Air Fare/ Parking	Time	Location	Trip Miles	Total trip & Local Miles	Mileage Rate	Mileage Amount	Total
															0.00	0.00
															0.00	0.00
															0.00	0.00
															0.00	0.00
															0.00	0.00
															0.00	0.00
															0.00	0.00
															0.00	0.00
TOTALS: ENTER SUBTOTAL AT FAR RIGHT					Total W/O 0.00	Total W/Lodg. 0.00	Total Lodg. 0.00	Total Regis 0.00	Total Prkg 0.00				Total Miles 0	Rate	Total Mil. 0.00	Subtotal 0.00

If using private car for out-of-state travel:
What would lowest airfare to destination be? $
Airfare Documentation Required **Travel not to exceed this amount**

I declare under the penalties of perjury that this claim is just and correct and that no part of it has been paid except with respect to those advance amounts shown. I AUTHORIZE PAYROLL DEDUCTION OF ANY SUCH ADVANCES.

State employees and other officials using state funds traveling on state business and using commercial airlines cannot claim frequent flier mileage as their own. Employees must certify that they have not claimed frequent flyer mileage for personal use when they apply for travel reimbursement.

Any benefits received belong to the state.

Employee Signature **Date** **Work Phone**

Approved: Based on knowledge of the necessity for travel and expense and on the basis of compliance with all provisions of applicable travel regulations.

Supervisor/Authorized Signature for Account **Date** **Work Phone**

OTHER EXPENSES:

DATE	EXPENSE TYPE	COMMENTS	TOTAL:

SUBTOTAL FROM ABOVE PLUS TOTAL OF ALL OTHER EXPENSES. Total:	0.00
Less Advance or Expenses on State Credit Card:	
ENTER TOTAL AMOUNT TO BE PAID TO EMPLOYEE:	
Amount of Advance To be deducted from PAYCHECK:	