SEMA4 EMPLOYEE EXPENSE REPORT

☐ in state ☐ short term adv ☐ outstate ☐ annual adv	Reason for Travel/Advance	Employee Name	Home Address (include city & state)	SEMA4 Emp. ID	SEMA4 Rec.#

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	MEALS L	MEALS D	Meals (w/o lodging)	Meals (with lodging)	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
	Total W/O	Total W/Lodg.	Total Lodg.	Total Regis	Total Prkg							Total Miles	Rate	Total Mil.	Subtotal	
TOTALS: ENTER SUBTOTAL AT FAR RIGHT			0.00	0.00	0.00							0		0.00	0.00	

If using private car for out-of-state travel:
What would lowest airfare to destination be?

$ _____
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 Signature **Date** **Work Phone**

Appointing Authority Designee Signature (Needed for Annual Advance and Special Expenses) **Date**

OTHER EXPENSES:

DATE	EXPENSE TYPE	COMMENTS	TOTAL:

SUBTOTAL FROM ABOVE PLUS TOTAL OF ALL OTHER EXPENSES. Grand Total:	0.00
Less Advance	0.00
TOTAL AMOUNT TO BE PAID TO EMPLOYEE:	0.00
Amount of Advance To be deducted from PAYCHECK:	0.00