

**COLORADO DEPARTMENT OF EDUCATION
EMPLOYEE TRAVEL EXPENSE REIMBURSEMENT REQUEST**

(1) EMPLOYEE (PAYEE):	Dwight D. Jones	(2) Employee Identification #	997024388
(3) PAYMENT WILL BE MADE VIA ELECTRONIC FUNDS TRANSFER (EFT). IF YOU NEED A WARRANT THEN ENTER YOUR MAIL ADDRESS BELOW AND CHECK HERE:			
(4) Use only if non EFT MAIL ADDRESS:	EFT		


(5) DATE(S)	(6) DESCRIPTION OF TRAVEL AND BUSINESS PURPOSE	(6a) INCIDENTAL PER DIEM (\$5)
Dec. 1 - 15, 2009	Meeting w/Phil Gorring-Rose Foundation, CASB Conference, UNC Commencement	Total Number of Overnight
		Stays for Official State
		Business:


(7) TRAVEL LOCATIONS & TIMES					(13) MILEAGE			(17) MEALS				LOGGING		(23) TOTAL REIMB. EXPENSES
(8) DATE	(9) FROM LOCATION	(10) TO LOCATION	(11) TIME LEAVE	(12) TIME ARRIVE	(14) NUMBER OF MILES	(15) RATE	(16) TOTAL	MEAL PER DIEM CALCULATION			(21) TOTAL MEAL PER DIEM CLAIMED	(22) LODGING		
								(18) B	(19) L	(20) D				
12/1/09	201 Colfax Denver	600 Cherry Denver	11:00 a.m.	11:30 a.m.	5.00	\$ 0.50	\$ 2.50				\$ -		\$ 2.50	
12/1/09	600 Cherry Denver	201 Cherry Denver	12:30 p.m.	1:30 p.m.	5.00	\$ 0.50	\$ 2.50				\$ -		\$ 2.50	
12/2/09	201 Colfax Denver	1 Lake Ave Colo. Spgs	6:00 p.m.	6:16 p.m.	74.90	\$ 0.50	\$ 37.45				\$ -		\$ 37.45	
12/6/09	1 Lake Ave Colo. Spgs.	939 Jersey Denver	noon	1:18 p.m.	71.20	\$ 0.50	\$ 35.60				\$ -		\$ 35.60	
12/12/09	939 Jersey Denver	Greeley 80631	6:30 a.m.	8:00 a.m.	67.40	\$ 0.50	\$ 33.70				\$ -		\$ 33.70	
12/12/09	Greeley 80631	939 Jersey Denver	1:00 p.m.	2:30 p.m.	67.40	\$ 0.50	\$ 33.70				\$ -		\$ 33.70	
						\$ 0.50	\$ -				\$ -		\$ -	
						\$ 0.50	\$ -				\$ -		\$ -	
						\$ 0.50	\$ -				\$ -		\$ -	
						\$ 0.50	\$ -				\$ -		\$ -	
							\$ 145.45				\$ -	\$ -	\$ 145.45	

(24) OTHER TRAVEL EXPENSES (E.G., Airfare, Taxi, Shuttle, Parking, Registration Fees, Business Telephone/FAX, etc.) - Itemize & Reference date of expense: Receipts Required	AMOUNT	AMOUNT
1		6
2		7
3		8
4		9
5		10
		Total Incidental Expense Reimbursement Claimed
		\$0.00

"I certify that the statements in the above schedule are true and just in all respects; that payment of the amounts claimed herein has not and will not be reimbursed to me from any other sources; that travel performed for which 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 actual incurred expenses."

TOTAL OTHER TRAVEL EXPENSES	\$ -
(25) TOTAL EXPENSES THIS PAGE	\$ 145.45
(26) TOTAL EXPENSES PREVIOUS PAGE	\$ 0.00
(27) GRAND TOTAL	\$ 145.45

(28) EMPLOYEE SIGNATURE & DATE


(29) SUPERVISOR/FISCAL SIGNATURE AUTHORITY


(30) FUNDING SOURCE: The expenses listed above are to be paid from the following accounts				
DESCRIPTION	ORG	GBL or	APPR	AMOUNT
All items	010-1130			\$ 145.45

(31) Accounting Use Only							
Agcy	Items	Fund	Org	Appr	Object	GBL	Amount