

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

(1) EMPLOYEE (PAYEE): William J. Moloney	(2) SSN: [REDACTED]
(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) MAIL ADDRESS:	

(5) DATE(S)	(6) DESCRIPTION OF TRAVEL AND BUSINESS PURPOSE
8/8/06 - 8/11/06	Telluride State Board Meeting



(7) TRAVEL LOCATIONS & TIMES					(13) MILEAGE			(17) MEALS					LODGING	(25) 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	MAX ALLOWABLE MEAL CALCULATION				(22) MEALS CLAIMED (receipts total)	(23) AMOUNT ELIGIBLE FOR REIMB.		(24) LODGING	
								(18) B	(19) L	(20) D	(21) MAX ALLOW. REIMB.					
8/8/06	Denver	Cortez then Telluride	7:00 a.m.	10:30 a.m.		\$ 0.33	\$ -				\$ -		\$ -	\$ -	\$ 89.00	\$ 89.00
8/9/06						\$ 0.33	\$ -				\$ -		\$ -	\$ -	\$ 89.00	\$ 89.00
8/10/06	Telluride	Cortez				\$ 0.33	\$ -				\$ -		\$ -	\$ -	\$ 128.00	\$ 128.00
8/11/06	Cortez	Denver	5:00 a.m.	8:30 a.m.		\$ 0.33	\$ -				\$ -		\$ -	\$ -	\$ -	\$ -
						\$ 0.33	\$ -				\$ -		\$ -	\$ -	\$ -	\$ -
						\$ 0.33	\$ -				\$ -		\$ -	\$ -	\$ -	\$ -
						\$ 0.33	\$ -				\$ -		\$ -	\$ -	\$ -	\$ -
						\$ 0.33	\$ -				\$ -		\$ -	\$ -	\$ -	\$ -
						\$ 0.33	\$ -				\$ -		\$ -	\$ -	\$ -	\$ -
						\$ 0.33	\$ -				\$ -		\$ -	\$ -	\$ -	\$ -
						\$ -	\$ -				\$ -		\$ -	\$ -	\$ -	\$ -
						\$ -	\$ -				\$ -		\$ -	\$ -	\$ 306.00	\$ 306.00

(26) OTHER TRAVEL EXPENSES (E.G., Airfare, Taxi, Shuttle, Parking, Registration Fees, Telephone/FAX, etc.) - Itemize & Reference date of expense: Receipts Required	AMOUNT		AMOUNT
1 Airfare to Cortez and back because we lost the ticket	\$418.00	6	
2 Super Shuttle	\$23.00	7	
3 Las Montanas in Telluride Board & Staff Dinner	\$183.48	8	
4 Super Shuttle	\$21.00	9	
5		10	

TOTAL OTHER TRAVEL EXPENSES \$ 645.48

(27)TOTAL EXPENSES THIS PAGE \$ 951.48

(28)TOTAL EXPENSES PREVIOUS PAGE

(29)GRAND TOTAL \$ 951.48

"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 performed by me 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."

(30) EMPLOYEE SIGNATURE & DATE
William J. Moloney

(31) SUPERVISOR/FISCAL SIGNATURE AUTHORITY
Jay W. Selagbold

(32) FUNDING SOURCE: The expenses listed above are to be paid from the following accounts					
DESCRIPTION		ORG	GBL or	APPR	AMOUNT
Commissioner's Office	1	010-1130			\$ 951.48
	2				
	3				

Agcy	Items	Fund	Org	Appr	Object	GBL	Amount
			1130	010	2511		418.00
					2510		350.00
					4180		30.38
			1101	010	4180	9BRD	183.48
							30.58

1101 010 4180 10BR 122.32
251.48