

REQUEST FOR APPROVAL OF EXPENSE REIMBURSEMENT BY OUTSIDE ORGANIZATION

*This section is to be completed by the employee requesting approval. If this section is not filled out completely,
The request may be returned to the employee for additional information.*

Name of Employee:	Division / Office:
Dates of Travel:	Location:

(If traveling out of state, please submit this request with your INTERSTATE TRAVEL REQUEST)

Purpose of trip / Nature of services being provided:

Name of organization providing reimbursement:
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Does DHR have a contract or vendor relationship with this organization? <i>(State office contracts may be verified with DHR Office of Financial Services-Procurement/Contracts Section)</i>

Nature of Reimbursement (actual expenses, per diem, etc)

Are you receiving an honorarium or other compensation ?
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What is the nature of your relationship with the organization paying your expenses

Additional comments:

Signature of Employee	Date
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Determination of Authorizing Supervisor

<input type="checkbox"/>	Approved	<input type="checkbox"/>	Denied	Signature of Authorizing Supervisor	Date
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Determination of Division / Office Director

<input type="checkbox"/>	Approved	<input type="checkbox"/>	Denied	Signature of Division / Office Director	Date
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OHRM Recommendation

<input type="checkbox"/>	Approved	<input type="checkbox"/>	Denied	Signature of OHRM Director	Date
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