

Subject Matter Expert Reimbursement Request

****ALL expenses must be pre-approved by POST****

Effective January 1, 2025

I _____, certify that the below listing of my actual and necessary expenses for reimbursement were incurred as part of my duties as a Subject Matter Expert for the _____ committee of the Peace Officer Standards and Training Program while I attended:

- an SME committee meeting;
- conducted an academy inspection;
- conducted a test out;
- other: _____.

These expenses were incurred on (date) _____ from _____ AM PM to (date) _____ to _____ AM PM . (Please specify time of day you left your residence/office, and time of day you arrived back to residence/office).

I certify that I am not being reimbursed for my expenses by my employer. Check all that apply:

Mileage from portal to portal. A MapQuest showing departure and destination points must be attached to be eligible for reimbursement.

Total number of miles driven _____ at .63 per mile = \$ _____

Lodging. Only the actual room rate is reimbursable – room service charges & such are not an allowable expense. Hotel folio must be attached to be eligible for reimbursement. Please request a government rate when booking your lodging.

Lodging = \$ _____

Parking and/or tolls. Parking can be reimbursed immediately following the meeting using the Parking Reimbursement form or may be added to this reimbursement request. Parking/toll receipts must be attached to be eligible for reimbursement.

Parking and/or tolls = \$ _____

Meals. SME members are eligible for meal reimbursement at a [per diem rate set by the State of Colorado](#). Receipts are **not required** to be eligible for reimbursement.

- Travel within a single day:
 - Approving authority **may allow** breakfast/dinner;
 - Departure from residence/office before 5 a.m.; return to residence/office after 8 p.m.;
 - Meal(s) is reportable income on W-2.
- Overnight travel:
 - Meal reimbursements allowed;
 - Departure from residence/office
 - Before 5 a.m. – breakfast, lunch, dinner
 - Before 11 a.m. – lunch, dinner
 - Before 4 p.m. – dinner
 - Arrival to residence/office
 - After 9 a.m. – breakfast
 - After 1 p.m. – breakfast, lunch
 - After 8 p.m. – breakfast, lunch, dinner

Meal(s) = \$ _____

Total amount due to SME member (add all four categories) = \$ _____

SME member signature _____ Date _____

Address _____

Please fill out your request electronically and submit to certification@coag.gov. No handwritten or scanned forms will be accepted. If you don't have access to Adobe Acrobat, please contact POST.

INTERNAL OFFICE USE ONLY

Highlight: Approved/Disapproved by POST Director

Date _____