

UAPB

TRAVEL EXPENSE REIMBURSEMENT FORM TR-1

(SUBMIT IN TRIPLICATE)

DEPARTMENT : _____
NAME OF PAYEE : _____
PLACE OF RESIDENCE & ADDRESS : _____

OFFICIAL STATION: _____
PRIVATE VEHICLE LICENSE NO. : _____

DATE	DETAILED EXPENDITURES (OTHER THAN MILEAGE)									TRAVEL BY PRIVATELY OWNED VEHICLE				
mm/dd/yy	NAME OF TOWN VISITED	COMMON CARRIER	HOTEL ROOM	MEALS	PER DIEM	TAXI	INCIDENTALS	TELEPHONE	TOTAL FOR DAY	FROM	TO	MILEAGE DRIVEN	RATE PER MILE	AMOUNT CLAIMED
SUB-TOTALS										TOTALS FOR MILEAGE				

*INCIDENTALS: (1) Postage (2) Parking Fees (3) Registration Fee (4) Emergency Car Repairs
(5) Guide Service for the Blind (6) Minor Purchases (7) Meals for State Guests
and Wards of the State (8) Other (Explain)

SUB-TOTAL
MILEAGE CLAIMED
TOTAL CLAIMED

Approved _____
Travel Supervisor

Signature of Traveler

Title