

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 mm/dd/yy	DETAILED EXPENDITURES (OTHER THAN MILEAGE)									TRAVEL BY PRIVATELY OWNED VEHICLE				
	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