| | | | E | MPLOYE | Arkan E TRAVEL EXF | sas Tech Un ENSE REIMI | | IT FORM, TR | R-1E | | | | | | |
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| | | | | | Please indicate he Disbursing Office located in | | | | | | | e if you would like to pickup your check in the Browning Hall. | | | |
| | | | | | | | | | OFFICIAL STATION /P | d 07 ATCC -t-): | | | | | |
| | | | | | | | | | OFFICIAL STATION (Rsv | | | | | | |
| Home Address: | | | | | | | P | rivate Vehicle | License Number (Only no | ecessary if claiming mileage | reimbursement): | | | | |
| | | | | | | | | | | | | | | | |
| | | URES OTHER T | HAN MILEAG | E | | | | | mbursment I | RATE | AMOUNT | | | | |
| DATE | NAME OF TOWN VISITED | Common Carrier (airline, train, etc) | Lodging | Meals | Meal Designation (B,L,D) | Incidentals | Incidental Code (see below) | Total Per Day | FROM | то | MILEAGE DRIVEN | PER | CLAIMED | | |
| | | | | | | | | | | | | 0.52 | | | |
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| SUB-TOTALS | | | | | | | | | TOTALS FOR MILEAGE | | 0.52 | | | | |
| | Code 6 is used, explain here : | | | | | | For travel per | rformed as indi | Licated on this travel reimbur | rsement form, the payment of | | | | | |
| Lodging Provided Statement-To be completed if lodging is provided at no cost to the University | | | | | | | | uthorized because lodging vable or unfeasible for the ar | | Incidental Codes 1. Taxi 2. Parking Fee 3. Registration Fee | | | | | |
| certify that the person listed below provided lodging to me at no cost while I traveled on University business. | | | | | | occurred. I ce | ertify that the tr | avel was completed as indi | cated on this travel | | | | | | |
| Name: Address: | | | | | | | employee, and/or official guest(s), to my knowledge, that person will not be 4. Emergency Car Repairs | | | | | | | | |
| City, State, Zip: | | | Telephone: | | | | reimbursed th | hese same trav | vel expenses from any othe | r source. | 6. Other (Explain | | | | |
| Signature of Traveler: : | | | | | Date: | | | | | | | | | | |
| Signature of Supervisor: : | | | | | | 0:/ | o of Tray-1 Ad. | a intratav | - | SUB-TOTAL | | _ | | | |
| | | | | | Signature of Travel Administrator: MILEAGE CLAIMED | | | | | | _ | | | | |
| Title of Supervisor: | | | | | | | | | | TOTAL CLAIMED | | - | | | |
| Revised February 2017 | Approved by DFA 2-20-17 | | | | | | | | | | | | | | |