

Arkansas Tech University EMPLOYEE TRAVEL EXPENSE REIMBURSEMENT FORM, TR-1E													
PO Number(s) _____ DEPARTMENT: _____ Index: _____ Name of Payee: _____ Home Address: _____									_____ Please indicate here if you would like to pickup your check in the Disbursing Office located in Browning Hall. OFFICIAL STATION (Rsvl, OZ, ATCC, etc.): _____ Private Vehicle License Number (Only necessary if claiming mileage reimbursement): _____				
DETAILED EXPENDITURES OTHER THAN MILEAGE									Personal Vehicle Mileage Reimbursement				
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	TO	MILEAGE DRIVEN	RATE PER	AMOUNT CLAIMED
												0.52	
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												0.52	
SUB-TOTALS									TOTALS FOR MILEAGE			0.52	
If Incidental Code 6 is used, explain here :													
Lodging Provided Statement-To be completed if lodging is provided at no cost to the University I certify that the person listed below provided lodging to me at no cost while I traveled on University business. Name: _____ Address: _____ City, State, Zip: _____ Telephone: _____								For travel performed as indicated on this travel reimbursement form, the payment of actual lodging expense is authorized because lodging within the Federal Travel Directory rates was unavailable or unfeasible for the area in which the travel occurred. I certify that the travel was completed as indicated on this travel reimbursement form and if the travel reimbursement is for a volunteer, a non state employee, and/or official guest(s), to my knowledge, that person will not be reimbursed these same travel expenses from any other source.				Incidental Codes 1. Taxi 2. Parking Fee 3. Registration Fee 4. Emergency Car Repairs 5. Meals for State Guests 6. Other (Explain Above)	
Signature of Traveler: _____						Date: _____		_____ Signature of Travel Administrator:				SUB-TOTAL _____	
Signature of Supervisor: _____												MILEAGE CLAIMED _____	
Title of Supervisor: _____												TOTAL CLAIMED _____	
Revised February 2017 Approved by DFA 2-20-17													