## **Completing a TR1 for Travel Reimbursement**

At TR1 form is the form designated by the State of Arkansas and Arkansas Tech University to be completed and submitted to Travel Services along with all appropriate documentation to request reimbursement for expenses incurred as a result of official university travel. **Charges placed on the ATU Travel Card will not appear on your TR1.** 

- 1. Access the <u>TR1 form</u> located on the Travel Services website.
- 2. Key purchase order number(s) that have been issued for your trip.
- 3. Select the checkbox if you would like to pick up your check in the Disbursing Office.
- 4. Key the **Department Name, Index, Name of Payee, Home Address of Payee, Official Station associated with Payee. These are required fields.**
- 5. Personal Vehicle License Number, required if you are requesting reimbursement for personal mileage.
- 6. Enter a separate row of information for each town visited, even if you visit two different towns in the same day. Also enter any airfare, lodging, meal, incidental or mileage expense that you have for that day. Please see the <u>Meal and Lodging Per Diem Chart</u> for meal reimbursement allowances.

			T	RAVEL EX	Arkansa PENSE REII	as Tech Un MBURSEM		TR-1E	Check I	nere if you wo	uld like to	picku	o your
									check in the Disbursing Office located in				
PO Number(s)	Procurement Services						Browning Hall.						
DEPARTMENT:					AFPURC								
Name of Payee:							OFFICIAL STATION (RsvI, OZ, ATCC, etc.)						
						-	Private Vehicle License Number (Only necessary if claiming mileage reimbursement): 123 ABC						
	THAN MILEA	HAN MILEAGE				Personal Vehicle Mileage Reimburament							
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	PER	CLAIMED
1/15/17	Little Rock, AR			10.25	L		1	10.25	Russellville, AR	Little Rock, AR	82	0.42	34.44
1/15/17	Phoenix, AZ		169.25	20.75	D			190.00				0.42	0.00
1/16/17	Phoenix, AZ		169.25	44.32	L, D			213.57				0.42	0.00
1-17-17	Phoenix, AZ			11.00	В			11.00				0.42	0.00
1-17-17	Little Rock, AR			12.50	L	52.00	2	64.50	Little Rock, AR	Russellville, AR	82	0.42	34.44
								0.00				0.42	0.00
								0.00				0.42	0.00
								0.00				0.42	0.00
								0.00				0.42	0.00
								0.00				0.42	0.00
								0.00				0.42	0.00
								0.00				0.42	0.00
								0.00				0.42	0.00
								0.00				0.42	0.00
SUB-TOTALS 0.00 338.50			98.82		52.00		489.32	TOTALS F	OR MILEAGE	1	0.42		
If Incidental Co	de 6 is used, explain here :											.42	68.88
Lodging Provided Statement-To be completed if lodging is provided at no					-			ctual lodging e	cated on this travel reimbursement form, the xpense is authorized because lodging within rates was unavailable or unfeasible for the		Incidental Codes		
rtify that the person list	ed below provided lodging to	me at no cost while I	traveled on	University b	usiness.		area in which	the travel occ	urred. I certify that the t	ravel was	2. Parking Fee 3. Registration F	00	
Name:						avel reimbursement is for a volunteer, a pon-state employee, and/or 4. Emergency Car Rep.			ar Repairs				
City, State, Zip:	Telephone:						official guest	ficial guest(s), to my knowledge, that person will not be reimbursed bese same travel expenses from any other source. 5. Meals for State Guests 6. Other (Explain Above)					
Signature of Traveler: :					l		urese same t	raver expenses	s nom any other source				
nature of Supervisor: :						Min KM			SUB-TOTAL 489.32				
						Signati	ure of Travel Adm	ninistrator:	MILEAGE CLAIMED 68.88				
Title of Supervisor.										Fotal Claimed	\$ 558.20		
Revised February 2017	Approved by DFA 2-20-17												