Arkansas Tech University TRAVEL EXPENSE REIMBURSEMENT FORM, TR-1E PO Number(s) DEPARTMENT: Index:_____ Name of Payee: OFFICIAL STATION (RsvI, OZ, ATCC, etc.): Home Address: Private Vehicle License Number (Only necessary if claiming mileage reimbursement): **DETAILED EXPENDITURES OTHER THAN MILEAGE** Personal Vehicle Mileage Reimbursment Common Meal Incidental RATE AMOUNT **Total Per** Carrier Designation Incidentals Code MILEAGE PER CLAIMED DATE NAME OF TOWN VISITED (airline, train, etc) Lodging Meals (B,L,D) FROM то DRIVEN (see below) Day 0.42 0.42 0.42 0.42 0.42 0.42 0.42 0.42 0.42 0.42 0.42 0.42 0.42 0.42 SUB-TOTALS TOTALS FOR MILEAGE If Incidental Code 6 is used, explain here : For travel performed as indicated on this travel reimbursement form, the Lodging Provided Statement-To be completed if lodging is provided at no cost to the University **Incidental Codes** payment of actual lodging expense is authorized because lodging within 1. Taxi the Federal Travel Directory rates was unavailable or unfeasible for the certify that the person listed below provided lodging to me at no cost while I traveled on University business. 2. Parking Fee area in which the travel occurred. I certify that the travel was 3. Registration Fee completed as indicated on this travel reimbursement form and if the Name: Address:____ 4. Emergency Car Repairs travel reimbursement is for a volunteer, a non-state employee, and/or 5. Meals for State Guests City, State, Zip: Telephone: official quest(s), to my knowledge, that person will not be reimbursed 6. Other (Explain Above) these same travel expenses from any other source. Signature of Traveler: : ______ SUB-TOTAL _____ Signature of Supervisor: : MILEAGE CLAIMED

Signature of Travel Administrator:

Title of Supervisor:

Revised February 2017 Approved by DFA 2-20-17