

**Arkansas Tech University  
TRAVEL EXPENSE REIMBURSEMENT FORM, TR-1E**

PO Number(s) \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ Index: \_\_\_\_\_

Name of Payee: \_\_\_\_\_

OFFICIAL STATION (Rsvl, OZ, ATCC, etc.): \_\_\_\_\_

Home Address: \_\_\_\_\_

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
												0.42	
												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	
												0.42	
SUB-TOTALS									TOTALS FOR MILEAGE			0.42	

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 Supervisor: \_\_\_\_\_

Title of Supervisor: \_\_\_\_\_

Signature of Travel Administrator: \_\_\_\_\_

**SUB-TOTAL** \_\_\_\_\_  
**MILEAGE CLAIMED** \_\_\_\_\_