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

☐ Check here if you would like to pickup your check in the Disbursing Office located in Browning Hall.

PO Number(s): P012345

DEPARTMENT: Procurement Services Index: AFPURC

Name of Payee: Jane Smith

Home Address: 123 Jerry Drive

OFFICIAL STATION (Rsvl, OZ, ATCC, etc.): RSVL

Private Vehicle License Number (*Only necessary if claiming mileage reimbursement*): 123 ABC

DETAILED EXPENDITURES OTHER THAN MILEAGE

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
1/15/17	Little Rock, AR			10.25	L			10.25
1/15/17	Phoenix, AZ		169.25	20.75	D			190.00
1/16/17	Phoenix, AZ		169.25	44.32	L, D			213.57
1-17-17	Phoenix, AZ			11.00	B			11.00
1-17-17	Little Rock, AR			12.50	L	52.00	2	64.50
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
SUB-TOTALS		0.00	338.50	98.82		52.00		489.32
If Incidental Code 6 is used, explain here :								

Personal Vehicle Mileage Reimbursement

FROM	TO	MILEAGE DRIVEN	RATE PER	AMOUNT CLAIMED
Russellville, AR	Little Rock, AR	82	0.42	34.44
			0.42	0.00
			0.42	0.00
			0.42	0.00
Little Rock, AR	Russellville, AR	82	0.42	34.44
			0.42	0.00
			0.42	0.00
			0.42	0.00
			0.42	0.00
			0.42	0.00
			0.42	0.00
			0.42	0.00
			0.42	0.00
			0.42	0.00
TOTALS FOR MILEAGE			.42	68.88

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: :

Signature of Supervisor: :

Signature of Travel Administrator:

Title of Supervisor:

SUB-TOTAL 489.32

MILEAGE CLAIMED 68.88

Total Claimed $ 558.20

Revised February 2017 Approved by DFA 2-20-17