

TRAVEL EXPENSE REIMBURSEMENT FORM, TR-1

DEPARTMENT _____

OFFICIAL STATION _____

NAME OF PAYEE _____

PRIVATE VEHICLE LICENSE NO. _____

PLACE OF RESIDENCE AND ADDRESS _____

| DATE 20 MO. DAY | DETAILED EXPENDITURES (OTHER THAN MILEAGE) | | | | | | | | | TRAVEL BY PRIVATELY OWNED VEHICLE | | | |
|-----------------------|--|-------------------|---------------|-------|-------------|------|-------------|-----------|------------------|-----------------------------------|-------------------|-------------|-------------------|
| | NAME OF TOWN VISITED | COMMON CARRIER | HOTEL ROOM | MEALS | PER DIEM | TAXI | INCIDENTALS | TELEPHONE | TOTAL PER DAY | BETWEEN WHAT POINTS FROM TO | MILEAGE DRIVEN | RATE PER | AMOUNT CLAIMED |
| | | | | | | | | | | | | 0.43 | |
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| SUB-TOTALS | | | | | | | | | | TOTALS FOR MILEAGE | | 0.43 | |

*incidentals: (1)Postage (2) Parking Fee (3) Registration Fee (4) Emergency Car Repairs (5)Guide Service for the Blind and Wards of State (6) Minor Purchases (7)Meals for State Guests (8)Other (Explain)

RECAPITULATION

Travel Supervisor

Signature of Traveler

SUB - TOTAL _____
MILEAGE CLAIMED _____
TOTAL CLAIMED _____