TRAVEL EXPENSE REIMBURSEMENT FORM, TR-1

DEPARTMENT

OFFICIAL STATION

NAME OF PAYEE

PRIVATE VEHICLE LICENSE NO.

PLACE OF RESIDENCE & ADDRESS

DATE		DETAILED EXPENDITURES (OTHER THAN MILEAGE)									TRAVEL BY PRIVATELY OWNED VEHICALE				
		Name of Town	Common	Hotel		Per		Inci-	Tele-	Total	Between What Points		Mileage	Rate	Amount
Mo.	Day	Visited	Carrier	Room	Meals	Diem	Taxi	dentals	phone	for Day	From	To	Driven	Per Mile	Claimed
										$ -					
										$ -					
										$ -					
										$ -					
SUB-TOTALS			**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**TOTAL FOR MILEAGE**				**$ -**

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

SUB-TOTAL $ -

Approved:

Travel Supervisor

Signature of Traveler

MILEAGE CLAIMED $ -

TOTAL CLAIMED **$ -**

Title