

TRAVEL EXPENSE REIMBURSEMENT FORM, TR-1

DEPARTMENT _____

OFFICIAL STATION _____

NAME OF PAYEE _____

PRIVATE VEHICLE LICENSE NO. _____

PLACE OF RESIDENCE AND ADDRESS _____

Purpose: _____

DATE	NAME OF TOWN VISITED	DETAILED EXPENDITURES OTHER THAN MILEAGE								TRAVEL BY PRIVATELY OWNED VEHICLE		MILEAGE DRIVEN	RATE PER MILE
		COMMON CARRIER	HOTEL ROOM	MEALS	PER DIEM	TAXI	INCIDENT ALS	TELE PHONE	TOTAL PER DAY	Between What Points From To			
													0.52
													0.52
													0.52
													0.52
													0.52
													0.52
													0.52
													0.52
													0.52
													0.52
													0.52
													0.52
													0.52
													0.52
SUB-TOTALS										TOTALS FOR MILEAGE			0.52
INCIDENTALS		(1) Postage		(2) Parking Fee		(3) Registration Fee		(4) Emergency Car Repairs		RECAPITULATION			
		(5) Luggage Fees		(6) Other (explain)									

SUBTOTAL _____

Approved _____
Travel Supervisor

Signature of Traveler _____

MILEAGE CLAIMED _____

TOTAL CLAIMED _____

Title