TRAVEL EXPENSE REIMBURSEMENT FORM, TR-1E

DEPARTMENT _____ **OFFICIAL STATION** _____

NAME OF GUEST _____ **PRIVATE VEHICLE LICENSE NO.** _____

PLACE OF RESIDENCE AND ADDRESS _____

DETAILED EXPENDITURES OTHER THAN MILEAGE														
DATE	NAME OF TOWN VISITED	COMMON CARRIER	HOTEL ROOM	MEALS	TAXI	INCIDENTALS*	TELEPHONE	TOTAL PER DAY	FROM	TO	MILEAGE DRIVEN	RATE PER	AMOUNT CLAIMED
								0.00				0.42	0.00
								0.00				0.42	0.00
								0.00				0.42	0.00
								0.00				0.42	0.00
								0.00				0.42	0.00
								0.00				0.42	0.00
								0.00				0.42	0.00
								0.00				0.42	0.00
								0.00				0.42	0.00
								0.00				0.42	0.00
								0.00				0.42	0.00
								0.00				0.42	0.00
								0.00				0.42	0.00
	SUB-TOTALS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	TOTALS FOR MILEAGE				0.00

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

RECAPITULATION

Purpose of Travel _____

SUB-TOTAL 0.00

Approved _____
Travel Supervisor

_____
Signature of Traveler

Date

MILEAGE CLAIMED 0.00

_____
Title

TOTAL CLAIMED 0.00

TR-1 revised 02/01/84 [Computer generated form Pre-Audit approved 7/28/94]