OFFICIAL GUEST 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*	TELE PHONE	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
								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) Other - JUSTIFICATION REQUIRED FOR ALL INCIDENTALS

RECAPITULATION

Purpose of Travel _____

SUB-TOTAL 0.00

I certify that I have not been reimbursed for this travel from another source.

Approved _____
Travel Supervisor

_____
Signature of Traveler

Date

MILEAGE CLAIMED 0.00

TOTAL CLAIMED 0.00

_____
Title

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