TRAVEL EXPENSE REIMBURSEMENT FORM, TR-1E

DEPARTMENT NAME OF GUEST			OFFICIAL STATION PRIVATE VEHICLE LICENSE NO.											
		DETAIL FI	D EXPENDIT	URES OTH	IER THAN N	III FAGE								
DATE	NAME OF TOWN	VISITED		HOTEL	MEALS		INCIDEN	TELE PHONE	TOTAL PER DAY	FROM	ТО	MILEAGE DRIVEN	RATE PER	AMOUNT CLAIMED
													0.42	
													0.42	
													0.42	
													0.42	
													0.42	
													0.42	
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													0.42	
													0.42	
													0.42	
													0.42	
													0.42	
SUB-TOTALS 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)									LATION		
Purpose of ravel			SUB-TOTAL											
Approved					12/04/14 MILEAGE CLAIMED									
-		Travel	Supervisor				•			Signature of Traveler		TOTAL CLA	-	

Title

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