

## TRAVEL EXPENSE REIMBURSEMENT FORM, TR-1

DEPARTMENT \_\_\_\_\_

OFFICIAL STATION \_\_\_\_\_

NAME/TITLE OF PAYEE \_\_\_\_\_

PRIVATE VEHICLE LICENSE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

DRIVER'S LICENSE NUMBER \_\_\_\_\_

YOU MUST LIST NAME OF MOTEL ON TR1; ORIGINAL RECEIPTS ONLY

DATE 20 MO      DAY		DETAILED EXPENDITURES (OTHER THAN MILEAGE)					TRAVEL BY PRIVATELY OWNED VEHICLE				
		ME OF TO VISITED	MOTEL	MEALS	OTHER (SPECIFY)	TOTAL FOR DAY	BETWEEN WHAT POINTS		MILEAGE DRIVEN	RATE P/M	AMOUNT CLAIMED
							FROM	TO			
SUB-TOTALS							TOTAL MILEAGE				

I maintain liability insurance with the minimum limits of \$25,000, \$50,000 on the vehicle(s) on which I claim this mileage reimbursement  
 OTHER: 1. Common Carrier; 2. Taxi; 3. Incidentals - a. parking fees, b. meals for state guests

RECAPITULATION

SUB-TOTAL PAGE 1 \_\_\_\_\_

MILEAGE CLAIMED PAGE 1 \_\_\_\_\_

PAGE 1 TOTAL \_\_\_\_\_

TOTAL CLAIMED \$ \_\_\_\_\_  
 (Total of all Pages)

\_\_\_\_\_  
SIGNATURE OF TRAVELER

\_\_\_\_\_  
SIGNATURE OF SUPERVISOR

\_\_\_\_\_  
CHECK NUMBER

\_\_\_\_\_  
DATE PAID

FORM UPDATED 7/07/08

TR1 form must meet personnel policy regulations. If incorrect, form will be returned for corrections which could result in late payment of reimbursement. TR1S due in accounting on the first working day of the month.