Reset Print

Arkansas State University
Travel Expense Reimbursement (TR1)

Travel Rep:
☐ Kathy
☐ Carolyn

Encumbrance # _____
Invoice # _____
☐ **TA submitted to Travel Office**
☐ **Advance Received**

Date Completed ☐

Department _____ **Phone #** _____ **Contact Person** _____

☐ Employee
☐ Non-Employee
☐ Student

Name _____ **ASU ID #** _____

Fund	Orgn	Prog	Amount

Mailing Address _____

Purpose of Trip _____

Year		DETAILED EXPENDITURES (Other Than Mileage)									TRAVEL BY PRIVATELY OWNED VEHICLE "Compliance with the university's vehicle safety program is required for mileage reimbursement"				
Mo	**Day**	**Town Visited**	**Airfare 720400**	**Reg Fees 720700**	**Car Rental 720600**	**Lodging 720300**	**Meals 720200**	**Misc 721000**	**Misc Code***	**Total**	**From**	**To**	**Miles**	**Rate/ Mile**	**Total 720100**
										0.00					0.00
										0.00					0.00
										0.00					0.00
										0.00					0.00
										0.00					0.00
										0.00					0.00
										0.00					0.00
										0.00					0.00
										0.00					0.00
										0.00					0.00
										0.00					0.00
										0.00					0.00
										0.00					0.00
										0.00					0.00
										0.00					0.00
										0.00					0.00
										0.00					0.00
					Meals & Misc Subtotal:		0.00	0.00		0.00					0.00
					Less Advance Received:					0.00					
Subtotals:			0.00	0.00	0.00	0.00	0.00	0.00		0.00	**Total for Mileage:**		0		0.00

***Misc Code**

(1) Postage	**(5) Emergency Car Repairs**
(2) Charter	**(6) Meals for State Guests**
(3) Parking Fee	**(7) Telephone**
(4) Minor Purchases	**(8) Other:** _____

Traveler's Signature _____
Chair/Department Admin _____
Dean/Academic Admin _____
VC for RAA/SA VP-Finance _____
Travel Supervisor _____

Subtotal 0.00
Mileage Claimed 0.00
Total 0.00
Pay Only _____

Notes: