

UNIVERSITY OF ARKANSAS - FORT SMITH

TRAVEL EXPENSE REIMBURSEMENT FORM													
TR-1 FORM													
EMPLOYEE, OFFICE, AND VEHICLE INFORMATION													
University ID #								Official Station					
Dept / Office								License No.					
Payee Name								Payee Address					
EXPENDITURES AND MILEAGE INFORMATION								MILEAGE INFORMATION					
Date	Name of Town Visited	Common Carrier	Hotel Room	Meals	Vehicle/Taxi	Incidentals	Total Per Day	From	To	Miles Claimed	Per Mile	Amount Claimed	Total
SUBTOTALS													

INCIDENTALS KEY	(1) Postage (2) Parking Fee (3) Registration Fee (4) Emergency Car Repair (5) Services for the Blind (6) Minor Purchases (7) Guest/Ward Meals (8) Other: explain below:

Signature of Traveler	Title	Date	Signature of Travel Administrator