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TRAVEL EXPENSE REIMBURSEMENT FORM, TR—1

(SUBMIT IN TRIPLICATE)

DEPARTMENT _____ OFFICIAL STATION _____

NAME OF PAYEE _____ PRIVATE VEHICLE LICENSE NO. _____

PLACE OF RESIDENCE & ADDRESS _____

DATE 2 MO.	DAY	DETAILED EXPENDITURES (OTHER THAN MILEAGE)									TRAVEL BY PRIVATELY OWNED VEHICLE				
		NAME OF TOWN VISITED	COMMON CARRIER	HOTEL ROOM	MEALS	PER DIEM	TAXI	INCIDENTALS*	TELEPHONE	TOTAL FOR DAY	BETWEEN WHAT POINTS FROM	TO	MILEAGE DRIVEN	RATE PER MILE	AMOUNT CLAIMED
SUB-TOTALS										$	TOTAL FOR MILEAGE				$

*INCIDENTALS: (1) Postage (2) Parking Fees (3) Registration Fee (4) Emergency Car Repairs (5) Guide Service for the Blind and Wards of State (6) Minor Purchases (7) Meals for State Guests (8) Other (Explain).

RECAPITULATION

SUB-TOTAL $ _____

MILEAGE CLAIMED $ _____

TOTAL CLAIMED $ _____

Approved _____
Travel Supervisor

_____
Signature of Traveler