

# MISCELLANEOUS EXPENSE REIMBURSEMENT FORM, TR-2

(SUBMIT IN TRIPLICATE)

DEPARTMENT \_\_\_\_\_

NAME OF PAYEE \_\_\_\_\_

PLACE OF RESIDENCE \_\_\_\_\_

ADDRESS \_\_\_\_\_

(WHENEVER POSSIBLE RECEIPTS SHOULD BE OBTAINED AND FILED WITH AGENCY)

DATE	DESCRIPTION OF EXPENSE — GIVE COMPLETE INFORMATION	AMOUNT	
		\$	
TOTAL OF MISCELLANEOUS EXPENSES CLAIMED- - - - -		\$	

I hereby certify that the expenses itemized above are true and correct and were incurred in the performance of official duties.

APPROVED BY:

\_\_\_\_\_  
 TRAVEL ADMINISTRATOR OR SUPERVISOR

\_\_\_\_\_  
 SIGNATURE OF PAYEE