TRAVEL EXPENSE REIMBURSEMENT FORM, TR-1

(SUBMIT IN TRIPLICATE)

DEPARTMENT ARKANSAS DEPARTMENT OF EDUCATION OFFICIAL STATION _____

NAME OF PAYEE _____ AASIS PERSONNEL # _____ PRIVATE VEHICLE LICENSE NO. _____

PLACE OF RESIDENCE AND ADDRESS _____

DETAILED EXPENDITURES OTHER THAN MILEAGE														
DATE	NAME OF TOWN VISITED	COMMON CARRIER	HOTEL ROOM	MEALS	PER DIEM	TAXI	INCIDENTALS*	TELE PHONE	TOTAL PER DAY	FROM	TO	MILEAGE DRIVEN	RATE PER	AMOUNT CLAIMED
SUB-TOTALS										TOTALS FOR MILEAGE				

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

RECAPITULATION

SUB-TOTAL _____

09/10/01 MILEAGE CLAIMED _____

TOTAL CLAIMED _____

Approved _____
Travel Supervisor

_____
Signature of Traveler

_____
Title

Fund Center _____
Commitment _____
Cost Center _____ **WBS/IO** _____