

## TRAVEL EXPENSE REIMBURSEMENT FORM, TR-1

Craighead County

DEPARTMENT \_\_\_\_\_ Business Purpose \_\_\_\_\_

NAME OF PAYEE \_\_\_\_\_ PRIVATE VEHICLE LICENSE NO. (if mileage claimed) \_\_\_\_\_

ADDRESS \_\_\_\_\_

DETAILED EXPENDITURES OTHER THAN MILEAGE										TRAVEL BY PRIVATELY OWNED VEHICLE			
DATE	NAME OF TOWN VISITED	COMMON CARRIER	HOTEL ROOM	MEALS	PER DIEM	TAXI	INCIDENT ALS	TELE PHONE	TOTAL PER DAY	Between What Points		MILEAGE DRIVEN	RATE PER MILE
										From	To		
													0.42
													0.42
													0.42
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													0.42
													0.42
													0.42
SUB-TOTALS										TOTALS FOR MILEAGE			0.42

INCIDENTALS (1) Postage (2) Parking Fee (3) Registration Fee (4) Emergency Car Repairs (5) Luggage Fees (6) Other (explain) **RECAPITULATION**

Approved \_\_\_\_\_  
Travel Supervisor

\_\_\_\_\_  
 Signature of Traveler  
 \_\_\_\_\_  
Title

SUBTOTAL \_\_\_\_\_  
 MILEAGE CLAIMED \_\_\_\_\_  
 TOTAL CLAIMED \_\_\_\_\_