



TRAVEL EXPENSE REIMBURSEMENT/ RECONCILIATION FORM (TR-1)

Traveler:	T#:	Official Station:	Travel Authorization #:
Home Mailing Address:		Email:	
Distribution: <input type="checkbox"/> Direct Deposit <input type="checkbox"/> U.S. Mail		CTS: _____ T-Card: _____ P-Card: _____ <i>(last 4 digits)</i>	

Personal Vehicle Mileage Reimbursement					
Date	From	To	Miles Driven	Rate Per	Amount
Total Mileage					

Detailed Expenditures Other Than Mileage									
Date	Name of Town Visited	Common Carrier (Airline, Train, etc.)	Registration	Hotel + Tax	Meals	Incidentals	Prepaid	CTS, T-Card, P-Card	Personal Reimbursement
Total Expenses (other than mileage)									

Incidentals 1. Public Transportation (Taxi, Uber, etc.) 2. Parking 3. Rental Car 4. Telephone, Internet 5. Meals for Guest of State 6. Other (explain)	Comments/Explanations: 	Grand Total Less Travel Advance Due Traveler
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I certify that the travel was completed as indicated on this travel reimbursement form and if the travel reimbursement is for a volunteer, a non-state employee, and/or official guest(s), to my knowledge, that person will not be reimbursed these same travel expenses from another source.	Lodging Provided Statement – To be completed if lodging is provided at no cost to the university. I certify that the person listed below provided lodging to me at no cost while I traveled on university business. Name: _____ Address: _____ City, State, Zip: _____ Phone: _____
Signature of Traveler _____ Date _____ Signature of Supervisor (blanket travel only): _____ Date _____	Administrative Use Only Approved: _____ Date: _____ AP Travel Coordinator