

# TRAVEL EXPENSE REIMBURSEMENT FORM, TR-1

Department: \_\_\_\_\_

Official Station: \_\_\_\_\_

Name of Payee: \_\_\_\_\_ AASIS# \_\_\_\_\_

Private Vehicle License No: \_\_\_\_\_

Place of Residence & Address: \_\_\_\_\_

| Date<br>20__ | DETAILED EXPENDITURES (OTHER THAN MILEAGE) |     |                         |                   |               |       |             |      |                     |                | TRAVEL BY PRIVATELY OWNED VEHICLE |                     |    |                   |                  |                   |
|--------------|--|-----|-------------------------|-------------------|---------------|-------|-------------|------|---------------------|----------------|-----------------------------------|---------------------|----|-------------------|------------------|-------------------|
|              | Mo.  | Day | Name of Town<br>Visited | Common<br>Carrier | Hotel<br>Room | Meals | Per<br>Diem | Taxi | Incident-<br>tals * | Tele-<br>phone | Total<br>For Day                  | Between What Points |    | Mileage<br>Driven | Rate Per<br>Mile | Amount<br>Claimed |
|              |  |     |                         |                   |               |       |             |      |                     |                |                                   | From                | To |                   |                  |                   |
|              |  |     |                         |                   |               |       |             |      |                     |                |                                   |                     |    |                   |                  |                   |
|              |  |     |                         |                   |               |       |             |      |                     |                |                                   |                     |    |                   |                  |                   |
|              |  |     |                         |                   |               |       |             |      |                     |                |                                   |                     |    |                   |                  |                   |
|              |  |     |                         |                   |               |       |             |      |                     |                |                                   |                     |    |                   |                  |                   |
|              |  |     |                         |                   |               |       |             |      |                     |                |                                   |                     |    |                   |                  |                   |
|              |  |     |                         |                   |               |       |             |      |                     |                |                                   |                     |    |                   |                  |                   |
|              |  |     |                         |                   |               |       |             |      |                     |                |                                   |                     |    |                   |                  |                   |
|              |  |     |                         |                   |               |       |             |      |                     |                |                                   |                     |    |                   |                  |                   |
|              |  |     |                         |                   |               |       |             |      |                     |                |                                   |                     |    |                   |                  |                   |
|              |  |     |                         |                   |               |       |             |      |                     |                |                                   |                     |    |                   |                  |                   |
|              |  |     |                         |                   |               |       |             |      |                     |                |                                   |                     |    |                   |                  |                   |
|              |  |     |                         |                   |               |       |             |      |                     |                |                                   |                     |    |                   |                  |                   |
| 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

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Title

## INSTRUCTIONS FOR THE USE OF TRAVEL EXPENSE REIMBURSEMENT FORM, TR-1

- (a) This form is to be use by state officials, state employees, non-state employees and official guests in preparing their travel reimbursement claims for expenses incurred in connection with official duties. Prepare in duplicate – original for Fiscal Office to process reimbursement payment, and second copy for the traveler’s records.
- (b) The upper portion of the form includes the identification of the agency for which each employee works; or the department for which he is performing services, and which will reimburse him for such services. The traveler must indicate, on the lines provided for that purpose, his “official station” – at which location he is not allowed to charge for expenses incurred. The traveler shall also give his full address; and the license number of the private vehicle which he may use for transportation, and for which he may claim mileage allowance.
- (c) All of the travel expenses, for each day’s business, should be shown on one line (if possible). If the traveler has to make stop-overs at several places during a day, it is necessary to list each town separately where he has his meals. The name of the town and hotel where lodging was paid must also be listed.
- (d) If the traveler has local intra-city or “vicinity” travel, while driving a private car on official business, such extra mileage should be listed on a separate line of the travel form, for the date indicated, showing the actual number of “vicinity” miles.
- (e) The traveler will be reimbursed for “actual” cost of meals and lodging, but not to exceed the maximum as set forth in Part II, Chapter Eleven of the State Accounting Procedures Manual. The allowances set out in this Chapter are for all four items per day:  
(1) breakfast, (2) lunch, (3) dinner, and (4) lodging.
- (f) For partial calendar days, where all four items are not included in the travel claim, the allowances for reimbursement should be in reason and in proportion to amounts claimed for the same items when all four items are included. The traveler must keep in mind at all times that reimbursement is to be claimed for actual expenses for meals and lodging within the limitations set out herein, and the maximum must not be claimed unless expenditures for such purposes are actually made.
- (g) Each column should be totaled and the reimbursement for meals and lodging and mileage should be entered in the recapitulation at the bottom of the form in the spaces provided.
- (h) Travel expenses incurred in border areas, such as Memphis, Texarkana, and Greenville will be considered as travel “within” the State; and claims allowed accordingly.
- (i) Reimbursement for the use of privately-owned motor vehicles, in connection with transportation on official business, is to be computed in accordance with procedures as set forth in Part II, Chapter Eleven of the State Accounting Procedures Manual.
- (j) Hotel and lodging receipts must always be obtained by the traveler; and if commercial transportation is used (to destination, but not including local taxi service), receipts must also be obtained for such commercial transportation. All required receipts are to be sent in to the agency for filing.

Revised 9/9/2002 (k) Form TR-1 is to be used by the traveler for his own expenses, and must not include the meals and lodging for any other person. Each state employee will be required to file separate travel reimbursement claims.

- (1)  
breakfast,  
(2) lunch,  
(3) dinner,  
and (4)  
lodging.
- (f) For partial calendar days, where all four items are not included in the travel claim, the allowances for reimbursement should be in reason and in proportion to amounts claimed for the same items when all four items are included. The traveler must keep in mind at all times that reimbursement is to be claimed for actual expenses for meals and lodging within the limitations set out herein, and the maximum must not be claimed unless expenditures for such purposes are actually made.
- (g) Each column should be totaled and the reimbursement for meals and lodging and mileage should be entered in the recapitulation at the bottom of the form in the spaces provided.
- (h) Travel expenses incurred in border areas, such as Memphis, Texarkana, and Greenville will be considered as travel “within” the State; and claims allowed accordingly.
- (i) Reimbursement for the use of privately-owned motor vehicles, in connection with transportation on official business, is to be computed in accordance with procedures as set forth in Part II, Chapter Eleven of the State Accounting Procedures Manual.
- (j) Hotel and lodging receipts must always be obtained by the traveler; and if commercial transportation is used (to destination, but not including local taxi service), receipts must also be obtained for such commercial transportation. All required receipts are to be sent in to the agency for filing.
- (k) Form TR-1 is to be used by the traveler for his own expenses, and must not include the meals and lodging for any other person. Each state employee will be required to file separate travel reimbursement claims.