Reset Print

Arkansas State University
Travel Expense Reimbursement (TR1)

Encumbrance # _____

Invoice # _____

☐ **TA submitted to Travel Office**

☐ **Advance Received**

Travel Rep:
☐ **Kathy**
☐ **Carolyn**

Date Completed

Department Biological Sciences **Phone #** 3134 **Contact Person** Kimberly Marshall

☑ **Employee**
☐ **Non-Employee**
☐ **Student**

Name _____ **ASU ID #** _____

Fund	Orgn	Prog	Amount
214717	259201	1310	

Mailing Address _____

Purpose of Trip NSF GK12 Program Activities

Year		DETAILED EXPENDITURES (Other Than Mileage)									TRAVEL BY PRIVATELY OWNED VEHICLE "Compliance with the university's vehicle safety program is required for mileage reimbursement"				
Mo	Day	Town Visited	Airfare 720400	Reg Fees 720700	Car Rental 720600	Lodging 720300	Meals 720200	Misc 721000	Misc Code*	Total	From	To	Miles	Rate/ Mile	Total 720100
										0.00					0.00
										0.00					0.00
										0.00					0.00
										0.00					0.00
										0.00					0.00
										0.00					0.00
										0.00					0.00
										0.00					0.00
										0.00					0.00
										0.00					0.00
										0.00					0.00
										0.00					0.00
										0.00					0.00
			Meals & Misc Subtotal:				0.00	0.00		0.00					0.00
			Less Advance Received:							0.00					
Subtotals:			0.00	0.00	0.00	0.00	0.00	0.00		0.00	**Total for Mileage:**		0		0.00

***Misc Code**

(1) Postage **(5) Emergency Car Repairs**
(2) Charter **(6) Meals for State Guests**
(3) Parking Fee **(7) Telephone**
(4) Minor Purchases **(8) Other:** _____

Traveler's Signature _____
Chair/Department Admin _____
Dean/Academic Admin _____
VC for RAA/VP for Finance _____
Travel Supervisor _____

Subtotal 0.00
Mileage Claimed 0.00
Total 0.00

Notes: