

UCA TRAVEL EXPENSE REIMBURSEMENT FORM, TR-1

Name of Payee: **Larry Lawrence**

Travel PO Number:

P0054647

DATE	DETAILED EXPENDITURES (OTHER THAN MILEAGE)									TRAVEL BY PRIVATELY OWNED VEHICLE				
	Departure & return times	NAME OF TOWN VISITED	COMMON CARRIER	HOTEL ROOM	MEALS	TAXI	INCIDENTALS**	PHONE	TOTAL PER DAY	FROM	TO	MILEAGE DRIVEN	RATE PER MILE	AMOUNT CLAIMED
08/08/11	10:02PM Out 3:45am	Pembroke, NC		*	10.15		**		10.15				0.35	0.00
	In Out			*			**		0.00				0.35	0.00
	In Out			*			**		0.00				0.35	0.00
	In Out			*			**		0.00				0.35	0.00
	In Out			*			**		0.00				0.35	0.00
	In Out			*			**		0.00				0.35	0.00
	In Out			*			**		0.00				0.35	0.00
	In Out			*			**		0.00				0.35	0.00
	In Out			*			**		0.00				0.35	0.00
	In Out			*			**		0.00				0.35	0.00
	In Out			*			**		0.00				0.35	0.00
	In Out			*			**		0.00				0.35	0.00
	In Out			*			**		0.00				0.35	0.00
	In Out			*			**		0.00				0.35	0.00
SUB-TOT EXPENDITURES				0.00	0.00	10.15	0.00	0.00	10.15	SUB-TOT MILEAGE		0.00	XXXX	0.00

**1)Postage 2)Parking Fees 3)Registration 4)Emergency Car Repairs 5)Guide Services for the Blind & Wards of State
6) Minor Purchases 7)Meals for State Guests 8)Other (Explain) baggage

*Hotel tax rate

Approval _____
Travel Office Signature



 Signature of Traveler*
 Director Physical Plant
 Title

RECAPITULATION	
EXPENDITURE CLAIMED	\$10.15
MILEAGE CLAIMED	\$0.00
TOTAL CLAIMED	\$10.15
Amount Owed Traveler	\$10.15

*By signing this form you are stating that the figures are accurate and truthful to the best of your knowledge and that actual meal expenses, not per diem, are included on this form up to the maximum allowed.