

**Arkansas Correctional School
8000 Correction Circle, Pine Bluff, AR 71603
TRAVEL EXPENSE REIMBURSEMENT FORM, TR-1**

UNIT/DIVISION _____ PRIVATE VEHICLE LICENSE No. _____
 NAME OF PAYEE _____
 PLACE OF RESIDENCE & ADDRESS _____
 PURPOSE OF TRIP _____
 JUSTIFICATION FOR EXCEEDING LODGING _____

DATE		DETAILED EXPENDITURES (OTHER THAN MILEAGE)							TRAVEL BY PRIVATELY OWNED VEHICLE					
20__		NAME OF TOWN VISITED	COMMON CARRIER	HOTEL ROOM	MEALS	TAXI	INCIDENT ALS	TELE-PHONE	TOTAL FOR DAY	BETWEEN WHAT POINTS		MILEAGE DRIVEN	RATE PER MILE	AMOUNT CLAIMED
Mo.	Day									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 (6) Minor Purchases (7) Meals for State Guests and Wards of State (8) Other (Explain)

RECAPITULATION

Approved _____	Travel Supervisor	Signature of Traveler _____	Title _____		SUB-TOTAL	\$ -
					MILEAGE-CLAIMED	\$ -
					TOTAL CLAIMED	\$ -