

**THE UNIVERSITY OF TENNESSEE
TRAVEL EXPENSE WORKSHEET**

Traveler's Name: _____

Trip Type:
(choose one)

University Rates
Federal Rates
State Rates

Personnel Number: _____

Total Reimbursement Amount: _____

| Beginning | | Ending | | Destination City/State | Reason for Trip |
|-----------|------|--------|------|---------------------------|-----------------|
| Date | Time | Date | Time | | |
| | | | | | |
| | | | | | |
| | | | | | |

Preparer's Name/Phone # _____

COST OBJECTS TO BE CHARGED:

| % Distribution | Cost Center/WBS Element | Internal Order |
|----------------|-------------------------|----------------|
| | | |
| | | |
| | | |

COMMENTS:

MILEAGE:

| Date | Miles | Vehicle Type | Starting Location | Ending Location |
|------|-------|--------------|-------------------|-----------------|
| | | | | |
| | | | | |
| | | | | |

* Vehicle Type: private car, UT car, courtesy car, private aircraft

Claim per diem reimbursement except for meals marked below:

MEALS: Indicate which meals, if any, were provided by another source at no cost to the traveler.

| Date | Deductions From Meal Per Diem | | | Date | Deductions From Meal Per Diem | | |
|------|-------------------------------|--------------------------|--------------------------|------|-------------------------------|--------------------------|--------------------------|
| | B | L | D | | B | L | D |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

INDIVIDUAL EXPENSE RECEIPTS:

| Date | Expense Type | Amount | Explanation/Comments |
|------|--------------|--------|----------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

CERTIFICATION

I certify that the above-stated expenses were incurred by me while traveling on business for the University of Tennessee. U.T. Extension and U.S. Department of Agriculture cooperating.

Date: _____ Traveler's Signature: _____

This form will be used to complete information in the IRIS Travel System and create a Travel Expense Report. A supplemental Travel Expense Report must be filed if an adjustment is made to this request for reimbursement or additional expenses are incurred for this authorized trip. **If an error is found, the necessary adjustment may be made to this request at the discretion of the central business office.**