

**THE UNIVERSITY OF TENNESSEE
NON-IRIS TRAVEL EXPENSE REPORT**

Preparer's Name: _____
Phone: _____
Email: _____

Traveler's Name: _____
Address: _____

Trip Type: _____
(choose one) University Rates
Federal Rates
State Rates

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

Total Amount to be Paid: \$ _____

COST OBJECTS TO BE CHARGED:

Cost Center/WBS Element	Internal Order	Amount

Independent Contractor
 Former UT Employee

Former Pennr _____

COMMENTS:

MILEAGE:

Date	Miles	Vehicle Type	Starting Location	Ending Location

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

PER DIEM REIMBURSEMENT OF MEALS: _____ days @ \$_____ per day.

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

Date	Amount	Deductions From Meal Per Diem			Date	Amount	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. By signing you are certifying that these expenses have not been paid by any other organization or individual.

Date: _____ Traveler's Signature: _____

Date: _____ Approver's Signature: _____

This form is to be used to reimburse travel expenses for individuals covered by a personal service contract, casual laborers, or former University of Tennessee employees. 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.**

REQUIRED RECEIPTS MUST BE STAPLED TO THIS FORM