

**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		

COST OBJECTS TO BE CHARGED:

% Distribution	Cost Center/WBS Element	Internal Order

Advance Requested
(Attach Travel Advance
Worksheet, Form T-20) \$ _____

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.**