

THE UNIVERSITY OF TENNESSEE
TRAVEL EXPENSE WORKSHEET

Traveler's Name: _____

Trip Type: University Rates
(choose one) 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		
	B	L	D

Date	Deductions From Meal Per Diem		
	B	L	D

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: _____

Principal Investigator'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.