

**THE UNIVERSITY OF TENNESSEE
TRAVEL EXPENSE REPORT**

Traveler's Name: _____

Trip Type :
(choose one)

University Rates
Federal Rates
State Rates

Personnel Number: _____

BEGINNING		ENDING		DESTINATION CITY/STATE	REASON FOR TRIP
DATE	TIME	DATE	TIME		

COST OBJECTS TO BE CHARGED:

% Distribution	Cost Center/WBS Element Number

COMMENTS:

MILEAGE:

Date	Miles	Vehicle Type (private car, courtesy car, private aircraft)

MEALS:

Date	Deductions		
	B	L	D

Date	Deductions		
	B	L	D

INDIVIDUAL EXPENSE RECEIPTS:

Date	Expense Type	Amount	Explanation/Comments

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.