



# ARKANSAS DEPARTMENT OF HIGHER EDUCATION

Agency/Department  
**Travel Expense Reconciliation**

Traveler:						Sponsored Business Travel Card Number:				
Official Station:						Total Credit Card Receipts Enclosed:				
Date		Travel Reimbursement (TR-1) Claim				Direct Billing or Credit Card Purchases*			Total Daily Expenses	
20__	Mo. Day	Name of Town Visited	Meals	Lodging	Other Travel Expense	Total	Expense Item	D C		Total
<b>Total TR-1 Claim</b>							<b>Total Charged</b>			
Signature of Traveler						Date	Approved by Travel Supervisor or Administrator			Date
Title:										
Department/Agency						<i>Please indicate which type payment applies to each entry by inserting a D (Direct Pay) or C (Credit Card Charge) in the appropriate column. Expense items: Lodging, Transportation, Registration, Car Rental, etc.</i>				