THE UNIVERSITY OF TENNESSEE TRAVEL EXPENSE WORKSHEET

Traveler's Name:								Trip Type:	University Rates	
Personnel Number:								(choose one)	Federal Rates State Rates	
Total Reimbu	ursem	nent Amo	unt:							
Beginning Ending										
Date		Time		Date		Time	DestinationCity/State		Reason for Trip	
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INDIVIDUAL Date	EXF	e which PENSE F E-stated ex	meal Dedu B C RECE	s, if any ctions F	xcept y, were rom M L	for meals ma e provided by leal Per Diem D Amount CERTII	FICATION g on business for	Explanation the University of Te	Deductions From Meal F B L	D

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.