

Supplemental Reimbursement Certification

This supplemental certification is being required by the University pursuant to ACA 19-4-903.

In connection with the attached TR-1 (Travel Expense Reimbursement Form) my signature below indicates that I have not received reimbursement for the expenses detailed on the face of the TR-1 from any other source. I further certify that to the best of my knowledge I am not entitled to reimbursement from any other source for the expenses detailed on the face of the TR-1.

In the event that I am reimbursed for these same expenditures from any other source subsequent to the submission of this TR-1, I will notify the University's office of Finance and Administration immediately and make arrangements to return any over payment to the University.

Name of Traveler: _____

Date of Travel: _____ to _____

Destination: _____

Signature of Traveler: _____