

ARKANSAS NAHRO
REQUEST FOR REIMBURSEMENT OF EXPENSES

NAME: _____
 DATE: _____
 REPRESENTING: _____
 NATURE OF REQUEST: _____

TRAVEL

Destination: _____
 Purpose: _____

(Submit request for actual expense only. Attach Receipts.)

Transportation	
Lodging	
Meals	
Parking	
Tips	
Misc.	
Registration	
TOTAL TRAVEL EXPENSES	

TELEPHONE

Person Called	Number	Purpose	Cost
TOTAL TELEPHONE (attach additional sheet if necessary)			

SUNDRY

Specific Item	Purpose	Cost
TOTAL SUNDRY EXPENSE (attach receipts)		

RECAP OF TOTAL EXPENSE REQUEST

Travel (Less 50% if trip is for regional or national committee)	
Telephone	
Sundry	
Subtotal	
Less advance or payment by other means	
Total Refund Request	

APPROVED BY: _____ DATE: _____
 DATE PAID: _____ BY WHOM: _____
 CHECK NO. _____
 CHARGED TO/REMARKS: _____