TRAVEL EXPENSE REIMBURSEMENT FORM (Download at www.arkansasliteracy.org/councildownloads.html)

NAME OF COUNCIL _____ **CITY/TOWN**_____

NAME OF PAYEE _____ **PRIVATE VEHICLE LICENSE NO.**_____

ADDRESS TO SEND REIMBURSEMENT _____ **PHONE**_____

Address **City** **State** **Zip Code**

DETAILED EXPENDITURES OTHER THAN MILEAGE								**MILEAGE CLAIMS**				
DATE MM/DD/YY	Name of Town Visited Purpose of Trip	COMMON CARRIER	HOTEL ROOM	MEALS	INCIDEN-TALS	TELE-PHONE	TOTAL PER DAY	FROM	TO	MILEAGE DRIVEN	RATE PER MILE	AMOUNT CLAIMED
											0.42	
											0.42	
											0.42	
											0.42	
											0.42	
											0.42	
											0.42	
											0.42	
											0.42	
											0.42	
											0.42	
											0.42	
											0.42	
											0.42	
									TOTALS FOR MILEAGE			

(1) Postage (2) Parking Fee (3) Registration Fee (4) Emergency (5) Minor Purchases

(6) Other (Explain):

RECAPITULATION	
SUB-TOTAL	
MILEAGE CLAIMED	
TOTAL CLAIMED	

_____ Travel Supervisor

_____ Employee Signature

_____ Date

_____ Date