

**University of Arkansas
Statement of Travel Expenses**

NAME OF PAYEE _____ PH: _____ AUTH.NO. _____

REMIT TO ADDRESS _____

OFFICIAL STATION _____ DEPARTMENT _____

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TRANSPORTATION

Omit miles when commercial carrier is used

Date	Purpose of Trip	From	Time	To	Time	Miles	Means	Amt. Claimed

PRIVATE VEHICLE CERTIFICATE: vehicle use for official transportation described above: LICENSE NO. _____ Highway Mileage _____ @ .29 _____

The following University employees were furnished official transportation without charge in this vehicle _____ Vicinity Mileage _____ @ .29 _____

LODGING, MEALS AND MISCELLANEOUS

Date	Place	Lodging	Breakfast	Lunch	Dinner	Lodging & Meals Total	Miscellaneous	

TOTAL CLAIMED \$ _____

SIGNED _____
Manual Signature by Claimant Date

APPROVED _____
Department Head or Authorized Agent

APPROVED _____
Travel Supervisor Office of Business Affairs

**UNIVERSITY OF ARKANSAS
REIMBURSEMENT CLAIM FORM**

DEPARTMENT: _____ DATE: _____

PAY TO: _____
(Must normally be a University employee. See Personal Reimbursement Procedures for additional information.)

ADDRESS FOR
PAYMENT CHECK: _____

FOR: Reimbursement for emergency expenditure(s) as follows:

DATE PURCHASED	ITEM DESCRIPTION	COST
TOTAL: (May not exceed \$200.00 without special authorization)		

I hereby certify that the items described herein were purchased for the University of Arkansas and were paid for from personal funds.

Head of Department

Person requesting reimbursement

REQUIREMENTS FOR REIMBURSEMENT

An expenditure from personal funds is an exception to authorized purchasing procedure and should occur only under emergency conditions. Prior approval of the Purchasing Section should be obtained when possible. The following information should be provided with this form:

- 1) Explanation of circumstances necessitating purchase from personal funds.
- 2) Completed Requisition showing the name and address of the individual to be reimbursed as the source procured from.
- 3) Paid itemized receipts.

Explanation: _____

Purchasing Approval: _____