

**ARKANSAS DEPARTMENT OF PARKS AND TOURISM  
 TOURISM DIVISION  
 ARKANSAS REGIONAL TOURIST ASSOCIATIONS  
 TRAVEL EXPENSE REIMBURSEMENT**

Region: \_\_\_\_\_

Name of Payee: \_\_\_\_\_ Vehicle License No.: \_\_\_\_\_

| LIST EXPENDITURES |                             |            |       |               | PRIVATE VEHICLE MILEAGE |    |                |               |                |
|-------------------|-----------------------------|------------|-------|---------------|-------------------------|----|----------------|---------------|----------------|
| DATE              | NAME OF TOWN & SHOW VISITED | HOTEL ROOM | MEALS | TOTAL PER DAY | BETWEEN WHAT POINTS     |    | MILEAGE DRIVEN | RATE PER MILE | AMOUNT CLAIMED |
|                   |                             |            |       |               | FROM                    | TO |                |               |                |
|                   |                             |            |       |               |                         |    |                |               |                |
|                   |                             |            |       |               |                         |    |                |               |                |
|                   |                             |            |       |               |                         |    |                |               |                |
|                   |                             |            |       |               |                         |    |                |               |                |
|                   |                             |            |       |               |                         |    |                |               |                |
|                   |                             |            |       |               |                         |    |                |               |                |
|                   |                             |            |       |               |                         |    |                |               |                |
|                   |                             |            |       |               |                         |    |                |               |                |
|                   |                             |            |       |               |                         |    |                |               |                |
|                   |                             |            |       |               |                         |    |                |               |                |
| SUB-TOTALS        |                             |            |       | \$            | TOTALS FOR MILEAGE      |    |                |               |                |

Signature of Traveler \_\_\_\_\_ SUB-TOTAL \$ \_\_\_\_\_  
 Signature of Agency Official \_\_\_\_\_ MILEAGE CLAIMED \$ \_\_\_\_\_  
 TOTAL CLAIMED \$ \_\_\_\_\_

**REQUEST FOR EXCEPTION TO MAXIMUM DAILY TRAVEL ALLOWANCE**

While traveling as a representative for the Regional Tourist Association in attending the above Travel Show, the representative was unable to keep the expenses for lodging and meals within the maximum limits established by the matching fund guidelines. The Regional Association paid actual expenses for lodging and meals. I, therefore, request that the Director of the Tourism Division approve the actual expenses for lodging and meals that exceed the maximum limits.

**JUSTIFICATION FOR EXCEEDING THE MAXIMUM DAILY ALLOWANCE WHILE ATTENDING THE ABOVE TRAVEL SHOW:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SIGNATURE OF AGENCY OFFICIAL \_\_\_\_\_ DATE \_\_\_\_\_ SIGNATURE OF TRAVELER \_\_\_\_\_ DATE \_\_\_\_\_