Arkansas Library Association
Expense Form

Name_____**Telephone**_____

Address_____**City**_____**Zip**_____

Type of expense: ☐ **Travel** ☐ **Committee expense** ☐ **Division/Roundtable expense**

If committee/division/roundtable expense, describe expense and attach receipts.

If travel, list:

Purpose_____

Destination_____**Date/s**_____

Itemized expenses: (Association policy does not provide for car rental or liquor purchases.)

I. **Lodging:** (Attach receipt) **Lodging Total** $_____

II. **Transportation:**

A. **Automobile** (_____ Miles x rate of _____c) $_____
(Not to exceed lowest round trip airfare)

B. **Air:** (Attach ticket stub) $_____

C. **Taxis, etc.** $_____

Transportation Total $_____

III. Meals: (Enclose receipts, if possible. Receipts required for amounts over $25.)

Date	Breakfast	Lunch	Dinner	Daily Subtotal

Meals Total $_____

IV. **Miscellaneous.** (Please list).____
_____

Miscellaneous Total $_____

V. **TOTAL AMOUNT TO BE REIMBURSED.** $_____

Signature_____Date_____