



## 2024 TRAVEL ADVANCE REQUEST

*Please submit at least two weeks prior to travel date.*

NAME:	TITLE:
DEPARTMENT:	DATE SUBMITTED:
MODE OF TRAVEL:	
PURPOSE OF TRIP:	
DEPARTURE DATE:	DEPARTURE TIME:
RETURN DATE:	RETURN TIME:

DATES	MON	TUES	WED	THURS	FRI	SAT	SUN
PER DIEM <a href="#">Current Rates</a>							
HOTEL/LODGING							
AIRFARE							
MILEAGE (\$0.67/mi x Total Miles)	miles x \$0.67 Total =	miles x \$0.67 Total =	miles x \$0.67 Total =	miles x \$0.67 Total =	miles x \$0.67 Total =	miles x \$0.67 Total =	miles x \$0.67 Total =
<b>DAILY TOTALS</b>							

TOTAL TRAVEL AMOUNT \_\_\_\_\_  
 TRAVEL ADVANCE AMOUNT REQUESTED \_\_\_\_\_  
 REQUISITION/PO # \_\_\_\_\_

TRAVELER SIGNATURE	
DEPARTMENT HEAD SIGNATURE	
MAYOR SIGNATURE (Required For Out of State Travel)	

ADVANCE DATE:  
 ADVANCE #:  
 CHECK #:  
 (For Finance Dept. Use)



## 2024 FINAL TRAVEL REIMBURSEMENT FORM

*Please submit to Finance Dept. within 5 business days after return.*

*Include all receipts.*

NAME:	TITLE:
DEPARTMENT:	DATE SUBMITTED:
MODE OF TRAVEL:	
PURPOSE OF TRIP:	
DEPARTURE DATE:	DEPARTURE TIME:
RETURN DATE:	RETURN TIME:

DATES	MON	TUES	WED	THURS	FRI	SAT	SUN
PER DIEM <a href="#">Current Rates</a>							
HOTEL/LODGING							
AIRFARE							
MILEAGE (\$0.67/mi x Total Miles)	miles x \$0.67 Total =	miles x \$0.67 Total =	miles x \$0.67 Total =	miles x \$0.67 Total =	miles x \$0.67 Total =	miles x \$0.67 Total =	miles x \$0.67 Total =
DAILY TOTALS							

TRAVEL ADVANCE PO#'S

TOTAL TRAVEL AMOUNT	
LESS TRAVEL ADVANCE(S) RECEIVED (list above)	
LESS PAID BY CITY CREDIT CARD	
<b>REIMBURSEMENT TOTAL</b>	

IF TRAVELER OWES MONEY TO THE CITY, PLEASE ATTACH A CHECK MADE OUT TO THE CITY OF NORTH LITTLE ROCK

TRAVELER SIGNATURE	
DEPARTMENT HEAD SIGNATURE	

REIMBURSEMENT PO #: (For Finance Dept. Use)	REIMBURSEMENT CHECK #: (For Finance Dept. Use)
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