



2025 TRAVEL ADVANCE REQUEST

Please submit at least two weeks prior to travel date.

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

DATES	MON	TUES	WED	THURS	FRI	SAT	SUN
PER DIEM Current Rates							
HOTEL/LODGING							
AIRFARE							
MILEAGE (\$0.70/mi x Total Miles)	miles x \$0.70 Total =	miles x \$0.70 Total =	miles x \$0.70 Total =	miles x \$0.70 Total =	miles x \$0.70 Total =	miles x \$0.70 Total =	miles x \$0.70 Total =
DAILY TOTALS							

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)



2025 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:	DESTINATION:
DEPARTURE DATE:	DEPARTURE TIME:
RETURN DATE:	RETURN TIME:

DATES	MON	TUES	WED	THURS	FRI	SAT	SUN
PER DIEM Current Rates							
HOTEL/LODGING							
AIRFARE							
MILEAGE (\$0.70/mi x Total Miles)	miles x \$0.70 Total =	miles x \$0.70 Total =	miles x \$0.70 Total =	miles x \$0.70 Total =	miles x \$0.70 Total =	miles x \$0.70 Total =	miles x \$0.70 Total =
DAILY TOTALS							

TRAVEL ADVANCE PO#'S

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

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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