



2026 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 (\$0.725/mi x Total Miles)	miles x \$0.725 Total =	miles x \$0.725 Total =	miles x \$0.725 Total =	miles x \$0.725 Total =	miles x \$0.725 Total =	miles x \$0.725 Total =	miles x \$0.725 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)



2026 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 (\$0.725/mi x Total Miles)	miles x \$0.725 Total =	miles x \$0.725 Total =	miles x \$0.725 Total =	miles x \$0.725 Total =	miles x \$0.725 Total =	miles x \$0.725 Total =	miles x \$0.725 Total =
DAILY TOTALS							

TRAVEL ADVANCE PO#'S

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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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