Arkansas Tech University Russellville, Arkansas

To:	President of the University			
From:				
Date:				
Subject:	Request for Reimburse	ement		
Reimburser functions as		penses incurred	as official University host	for
Date	Town where expenses incurred	Number of Persons	Description of Function	Amount
Total:				
Signature o	f Requestor	Department Head		
Printed Name of Requestor		Dean Signature		
Vendor Nu	mber of Requestor	Vice-President Signature		
		Char	ncellor, ATU - Ozark (if app	olicable)
		University President		
-	Index Fund O	rg Acct	Prog Amount	
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A copy of an approving Board Resolution dated October 27, 1994 is available upon request.