



ARKANSAS
TECH
UNIVERSITY

Travel Services
203 West O Street
Russellville, AR 72801-2222
479-356-6209
travel@atu.edu

This section must be completed for payment processing.

Requestor Home Address:

Street Address/PO Box: _____

City: _____ State: _____

Zip: _____

To: Vice President for Administration and Finance

From: _____

Date: _____

Subject: Request for Reimbursement

Reimbursement for meal expenses incurred as an official University host is requested. An original itemized receipt(s) is attached. The expenses were incurred in (name of town) _____

Index Code-Fund-Organization-Account-Program Code Numbers Amount

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Justification for Meal Expense:

List of Participants (first and last name):

Signature of Requestor

Signature of Department Head

Printed Name of Requestor

Printed Name of Department Head

Vendor Number of Requestor

Signature of Dean (If applicable)

Printed Name of Dean

Approved for Payment:

Vice President for Administration and Finance

Signature of Chancellor – Ozark Campus
(required for all Ozark Campus employees)