



Travel Services
 404 N El Paso
 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 Person to be Reimbursed

 Signature of Department Head

 Printed Name of Person to be Reimbursed.

 Printed Name of Department Head

 T Number of Person to be Reimbursed

 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)