



TRAVEL EXPENSE REPORT

Please fill out this form and submit it along with your original, itemized receipts to Dustin Foster at Arkansas Children's Hospital; 1 Children's Way; Peds Genetics, Slot 512-22; Little Rock, AR 72202. To expedite payment please tape the receipts to a standard 8.5 x 11" sheet of paper. If you have any questions, contact Dustin at DMFoster@uams.edu or 501-364-2915. Thank You!

NAME	<input type="text"/>	PROJECT	<input type="text"/>	START LOCATION	<input type="text"/>
ADDRESS	<input type="text"/>	PHONE	<input type="text"/>		
CITY, STATE, ZIP	<input type="text"/>	E-MAIL	<input type="text"/>	END LOCATION	<input type="text"/>

Date	Airfare	Ground Transportation (Gas, Rental Car, Taxi)	Lodging	Meals	Conferences, Workshops, and Trainings	Mileage (\$0.575/mile)	Miscellaneous	Total
								\$
								\$
								\$
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								\$
								\$
								\$
							Total Reimbursement	\$

PARTICIPANT'S SIGNATURE

DATE

APPROVAL SIGNATURE

DATE