



ARPAC
11224 Executive Center Drive
Little Rock, AR 72211

2017 ARPAC Expense

| | |
|--------------------------|--|
| Name: | |
| Position: | |
| Firm Name | |
| Mailing Address: | |
| City, State, Zip: | |
| Date of Request: | |

| Date | Description | Amount | Appropriation <i>(ARA Use Only)</i> |
|------|--|--------|--|
| | January 1, 2017 thru December 31, 2017—.535 per mile | | |
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| | TOTAL: | | |

This expense report must be signed and completed with all receipts attached before it can be processed.

| | |
|------------------|--------------------|
| Signature | Date: _____ |
| _____ | _____ |

| | |
|---|-------------|
| ARA Use Only: | |
| Approved by: _____ | Date: _____ |
| Check Number: _____ Check Amount: _____ Check Date: _____ | |
| Appropriation: _____ | |