

**ARKANSAS DEPARTMENT OF PARKS AND TOURISM
TOURISM DIVISION
ARKANSAS REGIONAL TOURIST ASSOCIATIONS
TRAVEL EXPENSE REIMBURSEMENT**

REQUEST FOR EXCEPTION TO MAXIMUM DAILY TRAVEL ALLOWANCE

Name of the meeting, trade show, or convention _____ that will be held
at _____ in _____ on _____
(Location) (City, State) (Dates)

The quoted daily lodging rate is _____ per night. (Attached is a copy of conference registration or information.)

JUSTIFICATION FOR EXCEEDING THE MAXIMUM DAILY ALLOWANCE WHILE ATTENDING THE ABOVE TRAVEL SHOW:

SIGNATURE OF TRAVELER DATE SIGNATURE OF ADPT OFFICIAL DATE

| DATE | NAME OF TOWN & SHOW VISITED | HOTEL ROOM | MEALS | TOTAL PER DAY | BETWEEN WHAT POINTS FROM TO | MILEAGE DRIVEN | RATE PER MILE | AMOUNT CLAIMED |
|------------|-----------------------------|------------|-------|---------------|-----------------------------|----------------|---------------|----------------|
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| SUB-TOTALS | | | | \$ | TOTALS FOR MILEAGE | | | |

Signature of Traveler _____

SUB-TOTAL \$ _____
MILEAGE CLAIMED \$ _____
TOTAL CLAIMED \$ _____