

Date Report Submitted: Signature

## **EXPENSE REPORT**

EdTA AR 815 Technology Drive #241417 Little Rock, AR 72223

**Total Expenses** 

INSTRUCTIONS: If you have been authorized for travel or other expenses for AR EdTA, please complete this PDF and submit at your earlist convenience. Attach all receipts for approved purcahses and expenses made on behalf of AR EdTA. For quicker payment, scan and email this form and your receipts and email to treasurer@arkansasthespians. org or you can mail to the address above.

Name:			
Email:			
Best Phone Number:			
Make Check Payable T	īo:		
Address:			
City, State, Zip Code:			
	I reimburse mileage at the R EdTA approved business	rate of .545 per mile when you ເ	use your
Date of Trip	Purpose	Roundtrip Mileage	Total
		Total for Mileage	
Expenses: AR EdTA w	ill reimburse you for autho	orized expenses. Complete the ta	able below.
Date of Expense	Purpose	Location	Total