



ARPAC
11224 Executive Center Drive
Little Rock, AR 72211

2019 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, 2019 thru December 31, 2019—.58 per mile		
	TOTAL:		

<i>This expense report must be signed and completed with all receipts attached before it can be processed.</i>	Signature _____ Date: _____
ARA Use Only:	
Approved by: _____ Date: _____	
Check Number: _____ Check Amount: _____ Check Date: _____	
Appropriation: _____	