

REIMBURSEMENT FORM

**ARKANSAS COMMISSION ON
CHILD ABUSE, RAPE & DOMESTIC VIOLENCE**

CONFERENCE/MEETING/OTHER: _____

ACCOUNT (LEAVE BLANK!!): _____

NAME: _____

MAILING ADDRESS (The address where you want the check mailed)

Street: _____

City, State, Zip Code: _____

ITEMIZED EXPENSES (Attach receipts, no tips or alcoholic beverages are allowed!!)

HOTEL: _____

MEALS: _____

AIRLINE: _____

MILEAGE: x.31per mile

OTHER: _____

TOTAL: _____

**PLEASE RETURN THIS FORM AND ALL RECEIPTS TO:
ARKANSAS COMMISSION ON ABUSE
4301 WEST MARKHAM, SLOT 606
LITTLE ROCK, AR 72205
ATTN: CANDY GARLAND, GRANTS COORDINATOR**