



Arkansas Department of Health Trauma Grant Over Per Diem Travel Form

Date:

Vendor Name:			
Vendor Number:			
Agreement #:			
Prepared by:		Telephone #:	

What event will you be attending? _____

Date(s) of the event? _____

Where is the location of the event?

City		County		State	
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What is the GSA Per Diem for this location?
(www.gsa.gov/perdiem)

Lodging?		Meals?	
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Who will be attending? (Please list the names below)

What Hotel are you staying at? _____

How much is lodging per night? _____

Please explain why you wish for approval on this over per diem request?

***Note: Please attach this approval form with your Travel Documents when you submit for reimbursement.**

(for ADH Trauma Section Staff Only)

Request:	Approved	<input type="checkbox"/>	By: _____
	Denied	<input type="checkbox"/>	Comments: _____

Date: