

2025 Expense Report

314 N. Goad Springs Road Lowell, AR 72745

| Name: | | | |
|---|---|--------------|---------------|
| Position: | | | |
| Firm Name | | | |
| Mailing Address: | | | |
| City, State, Zip: | | | |
| Date of Request: | | | |
| | | | |
| Date | Description (Current Mileage Rate is \$.70 per n | mile) Amount | Appropriation |
| | | | |
| * | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4 | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | тот | TAL: | |
| This avnausa ranort west | t be signed and completed Signature | | |
| This expense report must be signed and completed with all receipts attached before it can be processed. Signature Date: | | | |
| proce | essed. | | |
| NABOR Use Only | | | |
| Approved by: Date: | | | |
| Check Number: Check Amount: Check Date: | | | |
| Appropriation: | | | |