



2026 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 \$.76 per mile)	Amount	Appropriation
TOTAL:			

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