



***Pulaski County Government***  
201 South Broadway, Suite 411  
Little Rock, Arkansas 72201

***Travel Authorization Form***

I \_\_\_\_\_  
*Full Name* *Dept Number*

Respectfully request the county reimburse me for travel expenses:

1. Airfare\_\_\_\_ Departure Date\_\_\_\_\_ Return Date\_\_\_\_\_

2. Lodging\_\_\_\_ Check in date: \_\_\_\_\_ Check out date:\_\_\_\_\_

3. Conference Registration\_\_\_\_\_

Name of Conference:\_\_\_\_\_ Location: \_\_\_\_\_

I acknowledge that a final travel expense report shall be completed and provided to the Comptroller's office with all required receipts and supporting documents within ten (10) working days of the end of travel.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved By: Elected Official/Designee

\_\_\_\_\_  
Date