



ARKANSAS DEPARTMENT OF HEALTH

ITEMIZED EXPENSE REPORT

Please review the document captioned "Overall Designation Process for Arkansas Trauma Centers" for details concerning incidental expenses.

Meals

- 1. Actual expense _____
up to per diem rate _____
- 2. No receipts required _____
- 3. List meals individually _____

Mileage

- 1. List starting point and destination Starting Point: _____
- 2. List total mileage driven and total cost Destination: _____
at per diem mileage rate Total mileage: _____
(currently 42 cents per mile)

Total mileage cost: _____

Airport Parking (Receipt required) _____

Checked Bag Charge (Receipt required) _____

Other (please specify) (Receipts required) _____

Total _____
(not to exceed \$250.00)

Original Signature and Date _____
(signature) (date)

Please submit to the hospital within two weeks of the conclusion of the site survey.