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

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

Lodging?  Meals?

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 | By: | | Denied | Comments: | Date: |
|----------|----------|-----| |        |            |       |

V 1.0 / 8/20/2015