



## 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	
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What is the GSA Per Diem for this location? ([www.gsa.gov/perdiem](http://www.gsa.gov/perdiem))

Lodging?		Meals?	
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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)

<b>Request:</b>	Approved	<input type="checkbox"/>	By:
	Denied	<input type="checkbox"/>	Comments:

Date: