



# UNIVERSITY OF ARKANSAS

College of Education and Health Professions

Date: \_\_\_\_\_

Name: \_\_\_\_\_

TA#: \_\_\_\_\_

I certify that the charges claimed against this travel were not previously reimbursed to me by a third-party entity. These charges were not covered for this trip and were paid for with cash or charged on my credit card solely for my use. I also understand that I must submit receipts for all charges listed on this claim.

The University reserves the right to decline reimbursement for any charges that are not allowed under the guidelines of the Travel Office Policies and Procedures.

Signature: \_\_\_\_\_