

Andrea Lea  
Auditor of State



230 State Capitol  
Little Rock, AR 72201

**State of Arkansas**

**Affidavit for Reimbursement**

**Fiscal Year** \_\_\_\_\_

I, \_\_\_\_\_,  
**name** \_\_\_\_\_, \_\_\_\_\_  
**office**

Of \_\_\_\_\_ County, have not and will not receive  
**county**

Duplicate reimbursement from \_\_\_\_\_ County  
**county**

for attending the \_\_\_\_\_ continuing education training  
**office**

workshops and meetings held by the Continuing Education and Certification

Program. I am requesting the Auditor of State reimburse these expenses,

thereby relieving \_\_\_\_\_ County of these expenses.  
**county**

\_\_\_\_\_  
**Attendant name**

\_\_\_\_\_  
**title**

\_\_\_\_\_  
**date**

\_\_\_\_\_  
**County Judge signature**

\_\_\_\_\_  
**date**

Please return ATTN: Continuing Education via fax to (501) 371-2143 or via email to [info@auditor.ar.gov](mailto:info@auditor.ar.gov) or via mail to 1401 West Capitol Avenue, Suite 325, Little Rock, AR 72201.