

Travel Request Form

Initiated by: _____

Travel Information

Traveler Name _____ Date of Birth _____ Gender _____ Dept. BU _____

Campus Address (or home address for guests) _____

Purpose of Trip _____ Destination _____
(Examples: Conference Name, Event, etc.) If a conference, please attach a copy of presentation acceptance

Event Dates _____ to _____ Travel Dates _____ to _____

Transportation Mode: *Check all that apply*

Air Rental Car Private Car Guest in Vehicle Other

Expected Expenses

Please list <u>all</u> anticipated travel expenditures	Pre-pay by U of A with Purchase Order or T-Card	OR	Personal Reimbursement
Airfare <i>Flight itinerary must be attached for Pre-pay</i>	\$ _____	OR	
Personal Car Mileage current UA rate @ \$0.42 per mile		\$	
Rental Car <i>(Pre-pay by U of A is only available for trips where traveler is departing from Fayetteville.)</i>	\$ _____	OR	
Registration <i>(A completed registration form must be attached for Pre-pay)</i>	\$ _____	OR	
Lodging		\$	
Meals <i>Actual expenses up to per-diem amount will be paid. Please retain all receipts</i>		\$	
Misc. <i>Check all that apply</i>			
Parking Taxi Shuttle Fuel (<i>Rental Car Only</i>)		\$	
Internet Phone Other _____			
Total Trip Cost Estimate (Pre-pay and Personal Reimbursement)		\$	
Cash Advance Requested (Advance amount based on % of Reimbursable amount)		\$	

Detailed Explanation of Trip Purpose

Funding Information

Cost Center Number	Cost Center Name	Quick Books Category	BASIS Category	% or \$
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Department Imposed Funding Limit (Total expenditures for Travel will not exceed this amount for the fiscal year.) \$ _____

Traveler's Signature _____ Date _____

Approving Signature _____ Dept. BU _____ Date _____
Dean, Department Head, Director

Accounting use only:	TA# _____
Cash Advance Amount \$ _____	TRPO#(s) _____