

# 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

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

College of Education and Health Professions  
Absence from Normal Worksite

Name \_\_\_\_\_ Date \_\_\_\_\_

Date(s) of absence: From \_\_\_\_\_ To \_\_\_\_\_

Time of absence: From \_\_\_\_\_ a.m./p.m. To \_\_\_\_\_ a.m./p.m. Total Hours \_\_\_\_\_

Reason for Absence: Conference/Meeting \_\_\_\_\_ Personal Business\* \_\_\_\_\_

Outside Employment\*\* \_\_\_\_\_

If conference/meeting, provide name and location: \_\_\_\_\_

Is extra compensation involved? Yes\*\* \_\_\_\_\_ No \_\_\_\_\_

Assignment(s) missed _____	Room _____	Time _____
_____	_____	_____
_____	_____	_____

Assignment(s) will covered by:

Name(s) _____	Rank/Position _____
_____	_____
_____	_____

Signature \_\_\_\_\_ Date \_\_\_\_\_

APPROVAL:

Department Head \_\_\_\_\_ Date \_\_\_\_\_

Dean or Designee \_\_\_\_\_ Date \_\_\_\_\_

\* If personal business is involved, prior written approval from supervisor must be received.  
\*\* If outside employment and/or extra compensation is involved, please complete a *Prior Approval of Outside Employment Form*.