

Travel Request Form

TA# (office use): _____

Travel Information

Traveler Name _____ Date of Birth _____ Gender _____ Social Security # (if new traveler) _____

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

Travel Dates _____ to _____ Event Dates _____ to _____

Transportation Mode: *Check all that apply*
 Air University Vehicle Private Car Guest in Vehicle Other (train, rental....)

Estimated 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 Flight itinerary must be attached for Pre-pay	\$ _____	OR	
Personal Car Mileage current UA rate @ \$0.42 per mile		\$ _____	
Rental Car (Pre-pay by U of A is only available for trips where traveler is departing from Fayetteville.)	\$ _____	OR	
Registration (A completed registration form must be attached for Pre-pay)	\$ _____	OR	
Lodging		\$ _____	
Meals <i>Actual expenses up to Federal per-diem amount will be paid.</i>		\$ _____	
Misc. <i>Check all that apply</i>			
Parking Taxi Shuttle		Fuel (Rental Car Only)	\$ _____
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	BASIS Category	% or \$
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Traveler's Signature _____ Date _____

Approving Signature _____ Date _____
Dean, Department Head, Director, Manager