

TRAVEL AUTHORIZATION WORKSHEET

NAME OF TRAVELER _____

SS# _____ EMPLOYEE STUDENT GUEST GROUP
(for first time traveler)

EMAIL _____ PHONE _____

MAILING ADDRESS _____

DESTINATION _____

*foreign travel has to be registered with the Office of Study Abroad **BEFORE** a travel authorization will be approved &/or before the travel occurs <http://studyabroad.uark.edu/faculty-and-advisors/employee-travel-registration.php>*

SPECIFIC PURPOSE OF TRIP *please DO NOT use acronyms* _____

EVENT DATES _____ TO _____ TRAVEL DATES _____ TO _____

(attach justification for travel dates extending beyond 1 day (2 days for foreign) prior or following event dates)

TRANSPORTATION MODES Air Private Auto UA Vehicle Guest in Auto

Other (including car rental, train, etc)

DO YOU WANT A TRAVEL ADVANCE: Yes No If Yes, dollar amount _____

AIRFARE on TCard? Yes No If Yes, Estimated Cost \$ _____

REGISTRATION on TCard? Yes No If Yes, Estimated Cost \$ _____

(tshirts & other unofficial business charges are not allowed)

RENTAL CAR on TCard? Yes No If Yes, Estimated Cost \$ _____

HOTEL COST PER DAY \$ _____ MEALS COST PER DAY \$ _____

(justification required for exceeding lodging per diem rates, <http://www.gsa.gov/portal/content/104877>)

PLEASE LIST ALL ESTIMATED REIMBURSEMENT EXPENSES *(do not include tcard):*

TAXI \$ _____	FUEL \$ _____	PARKING \$ _____
BAG CK \$ _____	MILEAGE \$ _____	AIRFARE \$ _____
REGISTRATION \$ _____	OTHER \$ _____	OTHER \$ _____

Account Name or # for Expenses *(If more than one account, give percentage or dollar amounts for each)*

Account _____	Account Owner Signature _____
Account _____	Account Owner Signature _____

(If Travel Grant Award, Must Have A Copy of Award Notice) REMEMBER TO COMPLETE A TRAVEL CLAIM EXPENSE FORM WITHIN 5 WORKING DAYS OF YOUR RETURN! ATTACH RECEIPTS!