

# REQUEST FOR TRAVEL AUTHORIZATION

		<b>Business Office Use Only</b>	
Applicant	_____	Authorization #	_____
Title	_____	Account Number	_____
Date Submitted	_____	Department	_____
E-Mail Address	_____	Telephone	_____

## TRAVEL DATA

Destination \_\_\_\_\_  
Purpose \_\_\_\_\_  
Dates of meeting/official business From: \_\_\_\_\_ To: \_\_\_\_\_  
Dates of travel Leave: \_\_\_\_\_ Return: \_\_\_\_\_

## ESTIMATED COSTS (This section should not include prepaid items.)

1. Transportation [ ] Air [ ] Personal Auto [ ] Univ. Auto [ ] Guest in Car [ ] Other \_\_\_\_\_  
2. Registration fees \_\_\_\_\_  
3. Hotel and meals Hotel \$ \_\_\_\_\_ Meals \$ \_\_\_\_\_  
4. Other: Taxi, parking, rental car, phone, etc. \_\_\_\_\_  
5. Reimbursement limited to \_\_\_\_\_ **TOTAL:** \_\_\_\_\_

## REQUEST FOR SPECIAL AUTHORIZATION

YES  NO

Explain anticipated expenses which will exceed per diem allowances by the State of Arkansas. Per diem allowance cannot be exceeded for meals. Please refer to your travel manual for **per diem** rates.

**Hotel rates exceed State approved amount.**

Travel Supervisor Approval \_\_\_\_\_

## PREPAID ITEMS

( Do not include these items in the Estimated Cost Section)

1. Airline Ticket \_\_\_\_\_ Account # \_\_\_\_\_ Travel Agent \_\_\_\_\_  
2. Registration fee \_\_\_\_\_ Account # \_\_\_\_\_

(Attach registration form)

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Supervisor \_\_\_\_\_ Date \_\_\_\_\_  
Travel Supervisor \_\_\_\_\_ Date \_\_\_\_\_

**INSTRUCTIONS:** (1) Submit to the ASUN Vice Chancellor for Fiscal Affairs (2) Travel Reimbursement form (TR-1) should be submitted as quickly as possible after return from travel.