TRAVEL AUTHORIZATION WORKSHEET

NAME OF TRAVELER ____________________________________________

SS# ___________________________ EMPLOYEE STUDENT GUEST GROUP
(for first time traveler) (please circle one)

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 please circle:  Air  Private Auto  UA Vehicle  Guest in Auto  Other (including car rental, train, etc)

DO YOU WANT A TRAVEL ADVANCE: If Yes, dollar amount __________________________

AIRFARE on TCard? No ________ If Yes, Estimated Cost $ __________________________

REGISTRATION on TCard? No ________ If Yes, Estimated Cost $ __________________________
(tshirts & other unofficial business charges are not allowed)

RENTAL CAR on TCard? 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):

<table>
<thead>
<tr>
<th>Expense</th>
<th>Cost</th>
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<tr>
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<td>MILEAGE</td>
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<td>PARKING</td>
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<tr>
<td>OTHER</td>
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</tbody>
</table>

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!

Revised 04/18/16