

Travel Request



Date _____

Employee _____

hereby requests permission to travel to _____

for the purpose of _____

Date and time of departure _____ Date and time of return _____ Total days _____

Type of transportation desired motor pool vehicle bus air personal vehicle other (specify) _____

Estimated cost of trip

_____ miles at _____ per mile \$ _____

_____ meals \$ _____

_____ nights' lodging \$ _____

Registration fee

(attach form if requesting advance payment) \$ _____

Other (describe) _____ \$ _____

_____ \$ _____

TOTAL \$ _____

If motor pool vehicle is used, list all passengers below.

Name and telephone extension of travel coordinator in your department _____

Additional approval (if required) _____

Traveler's signature _____

Immediate supervisor's signature _____

To University of Arkansas - Fort Smith Chancellor

I hereby request approval for the above travel, with these expenses charged to FOAPAL _____

Signature of provost/vice chancellor/dean _____

Approved and forwarded to finance services office for processing

Disapproved for the following reasons _____

Signature of chancellor or designee _____

For motor pool vehicle, contact Plant Operations at extension 7170. If motor pool vehicle is available for use and traveler chooses to drive personal vehicle, mileage reimbursement will be at motor pool vehicle rate.

For commercial transportation, contact the finance services office at extension 7065 before making arrangements.