

Also available as online .pdf

TRAVEL AUTHORIZATION

TA# _____	Date _____
TC# _____	Date _____

Department of Mathematical Sciences, SCEN 301

1 University of Arkansas, Fayetteville, AR 72701

Send completed form to: ttrzeci@uark.edu or FAX# 479-575-5049

PRINT Traveler's Name: _____ UArk Host: _____

Travel will originate from _____

Destination City _____ Destination State _____ Destination Country _____

Name of Conference or Event _____

Registration Cost? _____ Was **T-card** used to pay for registration fees? Check one: Yes ____ No ____

Check one: Are you presenting ____ or attending ____? Event Dates _____ to _____

Travel Dates _____ to _____

Your Airfare Cost? _____ Was the airfare purchased with a **T-card**? Check one: Yes ____ No ____

Your Hotel Cost per day? ____ Days in hotel? ____ Is this the Conference hotel? Check one: Yes ____ No ____

Are you requesting a per diem for your meals? Check one: No ____ Yes ____ # days of per diem? _____

Other Expenses--Enter the approximate cost: Shuttle _____; Taxi _____; Train _____; Parking _____;

Other1 _____, explain Other1 _____; Other2 _____, explain Other2 _____.

Examples of Other Expenses- internet chgs @ hotel, airline bag fees, turnpike tolls, etc

Will you be using your private vehicle to travel to and from the destination? Check one: Yes ____ No ____

IF YES, Indicate the approximate # of miles (ONE-way) to the destination _____

IF YES, vicinity mileage on your private vehicle while at the destination? Approximate mileage? _____

Will you travel to and from your DEPARTURE AIRPORT in your private vehicle? Check one: Yes ____ No ____

IF YES, Indicate the approximate # of miles (ONE-way) to your departure airport _____

If your travel will be funded by 1 or more grants, list grant cost center(s), category and % or amount :

Cost Center # _____, Category _____, AND ____ % or \$ _____

Cost Center # _____, Category _____, AND ____ % or \$ _____

Traveler's Signature: _____ **Date** _____

IF CHARGED TO DEPARTMENT: To be completed by Dept.Host, Dept.Chair, or Admin:

EXPENSE to Cost Center # _____, Category _____, AND ____ % or \$ _____

Notes: _____

OFFICE USE ONLY Initial your approval/acknowledgment & route to next person

1) IF FOR Colloquia, Colloquium Chair	2) Front Desk-room reserves, notices?
3) Dept Chair- for awareness of travel / \$\$	4) Admin- CCN / \$\$ / T Card /special circumstance
5) Fiscal Support- to enter TA	Date Rec'd Fiscal Support

TAForm.revTTRZ 8.26.11