

TRAVEL INFORMATION SHEET

TA# For Office Use

TRAVELER: _____ SS #(if 1st time traveller): _____

Event Dates: _____ to _____ Travel Dates: _____ to _____

Destination: _____

Purpose: _____

Do you want a travel advance? Yes No *If yes, this form needs to be turned in at least 10 days prior to departure

METHOD OF TRAVEL:

Advance Amt: For Office Use AP ID: For Office Use

University Vehicle Personal Vehicle Air Fare: (Please attach copy of itinerary) \$ _____

Other (Please Explain) _____

Method of Payment: T-Card#: For Office Use Reimbursement Other (specify): _____

Per Diem Expenses: (<http://www.uark.edu/depts/travel/>)

Meals/Cost Per Day: \$ _____ Lodging/Cost Per Day: \$ _____

REGISTRATION: Please provide supporting documentation (brochure, invitation, etc.)

Registration Fee: \$ _____ T-Card Max.: For Office Use

Method of Payment: Reimbursement T-Card #: For Office Use Purchase Order #: _____

OTHER EXPENSES: Taxi/Shuttle Rental Car Other: _____

TRAVEL FUNDING: (Specify)

Grant: _____ Foundation: _____

Other Source (Please Explain): _____

Split Funding: _____ % _____ %

Staff/Student Signature

Department Head Signature
****REQUIRED PRIOR TO TRAVEL****

Faculty Signature