Authorization Number_____

REQUEST FOR AUTHORIZATION OF TRAVEL EXPENSES

Applicant _____ ID #_____

Title _____ Date Submitted _____

Select One:
- ☐ Employee/GA
- ☐ Student
- ☐ Guest of State

☐ **NO COST – INSURANCE ONLY**

Department Name: Contact Name:

Contact Telephone No.: Contact Email:

Purpose _____

Destination _____

Daily Allowance for Destination Maximum Hotel $ Maximum Meals $

Dates of Meeting/Official Business From To

Dates of Travel Leave Return

CTS/P-Card Charges or Prepaid Items (Do not include these items in the ESTIMATED COST section)

Attach Air Itinerary and Registration Form(s) for Prepaid Items.

Check Appropriate Items Below:

	CTS	P-CARD	PREPAID							
Airline Ticket	☐		☐	$	(F)	(O)	(A)	(P)	(A)	(L)
Registration Fee	☐	☐	☐	$	(F)	(O)	(A)	(P)	(A)	(L)
Hotel	☐			$	(F)	(O)	(A)	(P)	(A)	(L)
Rental Car	☐			$	(F)	(O)	(A)	(P)	(A)	(L)

Registration fee payable to: Vendor #

REQUEST FOR SPECIAL AUTHORIZATION ☐ **Exceeds Maximum Hotel** ☐ **Rental Car Requested**

HOTEL JUSTIFICATION _____

RENTAL CAR JUSTIFICATION_____

TRAVEL ADMINISTRATOR APPROVAL_____

Dean or Vice Chancellor signature required for approval

ESTIMATED COST REIMBURSABLE TO APPLICANT (Should not include prepaid or CTS items)

FOAPAL (F) (O) (A) (P) (A) (L)

1. Transportation:	☐ Univ. Auto	☐ Guest in Car	☐ Other (Train, Bus Charter, Private Plane, etc.)	☐ Air	$
2. Personal Auto:	_____ #Miles	$ 0.42			$ 0.00
3. Registration Fees:					$
4. Hotel:	_____ # Days	$ _____	(daily rates)		$ 0.00
5. Meals:	_____ # Days	$ _____	(actual cost)		$ 0.00
6. Public: Taxi, Shuttle, Subway, etc					$
7. Other: Parking, Tele, Internet, etc					$
8. Rental Car:	_____ # Days	$ _____	(daily rates)		$ 0.00
				TOTAL	**$** 0.00

CASH ADVANCE ☐ NO

☐ YES Meals: $_____ Public: $_____

Reimbursement Limited **$** _____

Cash Advance Total **$** _____

I, the applicant, affirm that I have submitted the UA Little Rock Driver Authorization Form to the Office of Finance and Administration. I also affirm that the vehicle I drive on this trip is adequately covered by comprehensive liability insurance in force at the time of the trip.

APPLICANT_____ Date_____

DIRECTOR_____ Date_____

TRAVEL ADMINISTRATOR (Dean or Vice Chancellor)_____ Date_____

EXPORT CONTROL OFFICE (REQUIRED FOR ALL FOREIGN TRAVEL)_____ Date_____

ORSP (REQUIRED FOR FOREIGN TRAVEL ON RESTRICTED FUNDS)_____ Date_____

TRAVEL SUPERVISOR (Procurement Services)_____ Date_____

Submit this form to Procurement Services. Reminder: After return from trip, the TR-1 must be submitted to Accounts Payable within 5 working days.