



STUDENT TRIP AUTHORIZATION

Students who travel off-campus as an official representative of the university must receive **prior authorization** from the appropriate administrative official of the college, division, department, or student organization pursuant to [Policy 309.5 - Travel for Students Representing UA Little Rock](#). This form provides the official university authorization for the student trip and procures travel accident insurance.

The Student Trip Authorization form should be submitted to the Office of the Vice Chancellor for Finance & Administration to vcfa@ualr.edu at least **10 calendar days** in advance of the trip. If the student(s) will be reimbursed for travel expenses, a [Spend Authorization \(SA\)](#) form must be submitted to Procurement Services for approval.

Department/Organization: _____

Number and Title of Course, if applicable: _____

Sponsor Directing Trip (printed): _____

Email: _____

Phone: _____

Destination: _____

Purpose: _____

Time: Leave/Meet _____ a.m./p.m. **Return/End:** _____ a.m./p.m.

Date(s): From _____ To _____

Students are required to be insured by the university's student travel accident insurance while on official university business.

Please provide the following to procure this insurance:

Worktags for Insurance Charges: CC	DS	Grant Funds: GR
Cost Center	Designated	Additional Worktags
Calculate Cost of Insurance:	X	X $\frac{80\text{¢ Airplane}^*}{60\text{¢ Vehicle}^*} =$
# of Students	# of Days	Cost of Insurance

List each participating student, including Workday Universal ID# (attach class list, if needed).

Signature for each driver is required. If more drivers are involved, attach STA Additional Drivers Form(s) with their signatures. I affirm that I have submitted the UA Little Rock Driver Authorization Form to the Office of Finance & Administration and that the vehicle I drive on this trip is adequately covered by comprehensive liability insurance in force at the time of the trip.

Driver's Name (**printed**): _____ Signature: _____

Driver Authorization Form on file with VCFA

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Driver's Name (**printed**): _____ Signature: _____

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Signature of Sponsor Directing Student Trip _____ Date _____ Signature of Department Chairperson _____ Date _____

Signature of Dean or AVC (one up signature to dept. chair) _____ Date _____ Signature of Department VC _____ Date _____

Signature VC of Finance & Administration or Designee _____ Date _____

DISTRIBUTION OF FORM: Professor/Staff Sponsor, Dept. Chairperson, Division Dean, Dept. VC, Vice Chancellor of Finance & Administration.

(Driver Authorization Forms are located at <http://ualr.edu/vcfa/authorizationstatevehicles/>)

* Cost Subject to Change

(Rev. 01/2026)