

**ARKANSAS TECH UNIVERSITY
AGENCY ACCOUNT TRAVEL REQUEST**

Date _____

INSTRUCTIONS: This form must be completed PRIOR TO date of travel. Obtain approval of the Dean of School or appropriate Vice President. Send form to the Travel Office in Bryan Hall for driver approval. All drivers, including all alternate drivers, must be listed on form. No substitute drivers may drive without prior approval from the Travel Office.

Department Name: _____

Agency Account Number: _____

Name of driver: _____ DL# _____

Purpose of travel: _____

Date(s) of Travel _____

Type of vehicle requested:		Cents per mile
University sedan	_____	<u>.44</u>
8 passenger van	_____	<u>.44</u>
12 passenger van	_____	<u>.44</u>
29 passenger bus	_____	<u>.61</u>
55 passenger bus	_____	<u>1.75</u>
Personal vehicle	_____	<u>.42</u>

Approximate mileage: _____ Approximate charges: _____

Department Signature

Dean of School or Vice President Signature