

Arkansas Tech University
Russellville, Arkansas

I, the traveler, certify by my signature below that the following person provided lodging at no cost to me while on official University business and that the meal allowance claimed on the attached TR-1 should be reimbursed.

Print legibly the full name, full address, and telephone number of the person the traveler stayed with:

Name _____

Address _____

City, State, Zip Code _____

Telephone, with area code _____

Indicate the relationship this person is to you, the traveler (parents, in-laws, sibling, friend, etc.)

Printed Name of Traveler

Signature of Traveler

Date

Printed Name of Traveler's Supervisor

Signature of Traveler's Supervisor

Date