



**ATU-OZARK CAMPUS
ELECTRONIC TRAVEL REQUISITION**

FOR OFFICE USE ONLY:

REQUISITION # _____

PO # _____

TO BE COMPLETED BY TRAVELER:

TRAVELER'S NAME: _____ VENDOR ID (T #): _____

INDEX CODE: _____ FUND: _____ ORG: _____ ACCT: _____ PROG: _____

DATE & TIME OF DEPARTURE: _____

DATE & TIME OF RETURN: _____

TYPE OF VEHICLE NEEDED (Please specify Personal or State): _____

PURPOSE OF TRAVEL: _____

DESTINATION
TRAVELING FROM: _____ TO: _____

DESCRIPTION	UNIT OF MEASURE (Ex. Miles, Nights, etc.)	QTY	COST/UNIT	TOTAL COST
Motor Pool Mileage	Miles			
In State Mileage	Miles			
In State Lodging	Night			
Out of State Mileage	Miles			
Out of State Lodging	Night			
In State Conference Registration Fees				
Out of State Conference Registration Fees				
Other:				

PLEASE ITEMIZE NUMBER OF EACH MEAL CLAIMED BELOW:

In State Meals		
# of Breakfasts (\$5.46ea)	# of Lunches (\$8.34ea)	# of Dinners (\$12.65ea)
Out of State Meals		
# of Breakfasts (\$6.90ea)	# of Lunches (\$10.06ea)	# of Dinners (\$15.24ea)

COMMENTS: _____

Grand Total
SIGNATURE OF TRAVELER: _____ DATE _____

SIGNATURE OF SUPERVISOR: _____ DATE _____