

Academic Affairs Travel Request

Date:

This form is to be completed for all **IN-STATE TRAVEL and VIRTUAL* over \$500** or for all **OUT-OF-STATE/OUT-OF-COUNTRY TRAVEL.**

Traveler Information:

*All virtual conferences/trainings are treated as In-State Travel.

Name:
 Department:
 Phone:

Arkansas Tech University
 Administration 200
 Phone: 479-968-0319
 Fax: 479-968-0644
academicaffairs@atu.edu

Travel Information:

Destination:
 Leave Date:
 Return Date:

Professional Development Grant Faculty Research Grant Undergraduate Research Grant External Grant Other

Purpose for Travel: Conference/Seminar Research Other

Will you have an active role? Yes No

Reason for Travel:

Type of Travel Reimbursement Requested:

Airfare					<input type="text"/>
Lodging	<input type="text"/>	# Nights	X	<input type="text"/>	Rate Total: <input type="text"/>
Meals in state	<input type="text"/>	# Days	X	<input type="text"/>	Rate Total: <input type="text"/>
Meals Out of State	<input type="text"/>	# Days	X	<input type="text"/>	Rate Total: <input type="text"/>
Parking	<input type="text"/>	# Days	X	<input type="text"/>	Rate Total: <input type="text"/>
Taxi/Shuttle					<input type="text"/>
Conference/Seminar fees:					<input type="text"/>
Subtotal					<input type="text"/>

Mileage

FROM	TO	MILEAGE DRIVEN	RATE PER MILE	AMOUNT CLAIMED
			0.42	
			0.42	
			0.42	
			0.42	

Total Amount Requested:

Budget to be used:

Department Head: _____

Dean: _____

VPAA: _____