

# Academic Affairs Travel Request

Date:

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

## Traveler Information:

Name:   
 Department:   
 Phone:

Arkansas Tech University  
 Administration 200  
 Phone: 479-968-0319  
 Fax: 479-968-0644  
[academicaffairs@atu.edu](mailto: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"/>
<b>Subtotal</b>					<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: \_\_\_\_\_