

**ARKANSAS TECH UNIVERSITY
AGENCY ACCOUNT TRAVEL REQUEST**

Date _____

INSTRUCTIONS: This form must be completed PRIOR TO the date of travel. Obtain approval of the Dean of School or appropriate Vice President. Send form to the Budget Office in Bryan Hall for approval. All drivers must be listed on form. No substitute drivers without prior approval.

Department Name: _____

Agency Account Number: _____

Name of driver: _____ DL# _____

Destination: _____

Dates of Travel: _____

Purpose of travel: _____

| | | | |
|----------------------------|------------------|-------|-----------------------|
| Type of vehicle requested: | University sedan | _____ | cents per mile .46 |
| | 8 passenger van | _____ | .46 |
| | 12 passenger van | _____ | .46 |
| | 29 passenger van | _____ | .61 |
| | 48 passenger van | _____ | 1.75 |

Approximate mileage: _____ Approximate charges: _____

Department Signature

Dean of School or Vice President Signature