

ATU REQUEST FOR EMPLOYEE VIN:

Date: _____

BEFORE ENTERING YOUR REQUISITION FOR TRAVEL, complete this form and fax to the Purchasing Department (968-0633). We will enter the information into the FRS system, note the assigned vendor number and return this form to the fax number listed below. If you have questions or need assistance, please call Purchasing at 968-0269.

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From: _____
(Department Name) (Departmental Fax No.)

Employee's Name	
Address No: 00	OFFICE ADDRESS
Building & Room No.	
Street Address	
City, State, Zip	Russellville, AR 72801-2222
Telephone No.	
E-mail Address	

Requested By: _____
(Signature)

Approved By: _____
(Signature of Immediate Supervisor)

FOR PURCHASING USE:

Date Entered:	
Initials:	