



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 Motor Pool) _____

PURPOSE OF TRAVEL: _____

DESTINATION
TRAVELING FROM: _____ TO: _____

DESCRIPTION	UNIT OF MEASURE (Ex. Miles, Nights, etc.)	QTY	COST/UNIT	TOTAL COST
Motor Pool Van Mileage	Miles			
Motor Pool Car 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				
Airfare	Roundtrip			
Hotel Parking, Airport Parking, Taxi/Shuttle:				
Destination of Travel Per Diem 75% first and last day of travel _____	Number of travel days: _____	Meals Total: _____		

COMMENTS: _____

Grand Total :

SIGNATURE OF TRAVELER: _____ DATE _____