



**ARKANSAS TECH UNIVERSITY
AGENCY ACCOUNT TRAVEL REQUEST**

INSTRUCTIONS: This form must be completed PRIOR TO date of travel. Obtain approval of the Dean of School or appropriate Vice President. Send form to Travel Services 203 W O St. Suite 102 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: | | Cents per mile |
|----------------------------|-------|----------------|
| University sedan | _____ | .44 |
| 8 passenger van | _____ | .46 |
| 12 passenger van | _____ | .46 |
| 29 passenger bus | _____ | .70 |
| 55 passenger bus | _____ | 2.75 |
| Personal vehicle | _____ | .42 |

Approximate mileage: _____ Approximate charges: _____

Department Signature

Dean of School or Vice President Signature