	Arkansas Tech University													
					Tra	avel Card Transactio	on Log							
Name on									TCard Holder			Telephone		
Card:						Card No: (last 4 digits)			Email:			Number		
Dept:					-	Card Cycle Date:						1		
PO#	Traveler's Full Name	Destination City & State	Departure & Return Dates	Trans Type	Transaction Date	Vendor Name		Fund	Org	Account	Program	Total Cost	Accumulated Expenses	
													-	
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													-	
							Total					-	-	
I certify that the above purchases were made for "official business" use only and were purchased in accordance with the policies and procedures set forth by Arkansas Tech University. **For travel performed as indicated on this travel Tcard log, the payment of actual lodging expense is authorized because lodging within the Federal Travel Directory rates was unavailable or unfeasible for the area in which the travel occurred. I certify that the travel was completed as indicated on this travel reimbursement form and if the travel reimbursement is for a volunteer, a non-state employee, and/or official guest(s), to my knowledge, that person will not be reimbursed these same travel expenses from any other source. Signatures														
Travel Card Employee:						Date:								
Travel Card Liason:					Date:									
Supervisor:							Date:							
Account Codes														
	Meals In State				Parking Fees In State									
	Meals Out of State Lodging In State				Parking Fees Out of State Conference Registration In State									
						Conference Registration Out of State	ate							
704615 Other Travel Expenses In State 704620 Other Travel Expenses Out of State														
704505 Non-State In State 704510 Non-State out of state														