

SA # _____

Spend Authorization

(Internal Use Only)

Traveler Name: _____ Faculty Student First Time to Travel for UA

Event Dates: _____ To _____ Travel Dates: _____ To _____

If travel dates are extended more than one day before and/or after event dates please provide justification:

Destination City/State: _____

Purpose: _____

If attending a conference please list the conference name in full.

- Official Business
 Education & Training Seminars
 Conference & Conventions

How are you traveling?

- Commercial Air (Itinerary required)
 Private Vehicle Miles _____ x \$0.42
 Rented Vehicle (Enterprise)

Estimated Costs	Admin TCard Used

Other Costs:

Taxi

Other (Bus, train, subway, parking, etc.)

Registration

Hotel: Cost per day \$ _____ x #of days _____

- Conference Hotel Safety
 Save Costs Required
 Other: _____

Estimated Total
Total does not include meals

Do you want a travel advance?

Is this foreign travel?

If YES please register trip at: http://travel.uark.edu/_resources/documents/International_Travel.pdf

You must provide confirmation that foreign travel has been registered when turning in the Travel Authorization.

Account to be charged: _____

Authorized Signature: _____