

DEPARTMENT OF ENTOMOLOGY
(MUST BE SUBMITTED ONE MONTH IN ADVANCE OF TRAVEL)

APPLICANT: _____ SSN: _____
Professor initials, if student or assistant: _____

TRAVEL DATA BLANKET? YES _____ NO _____ If YES, go to Expenses section. If no, complete below:

DESTINATION: _____

PURPOSE OF TRIP: _____

NOTE: Students and assistants must present paper/poster when attending meetings in order to receive authorization.

Please indicate title of paper or poster: _____

If a paper is not being presented, please indicate nature of involvement: _____

DATES OF MEETING/OFFICIAL BUSINESS: From _____ To _____

DATES OF TRAVEL: Leave _____ Return _____

If Dates of Travel include days taken as Annual Leave, please indicate number of days: _____

TRANSPORTATION

AIR TRAVEL: Do you need reservations made? _____

If YES, please give preferred flight dates and times:

Depart Fayetteville: _____, Little Rock: _____, Tulsa: _____, Other: _____

Date/time of departure: _____ Arrive destination: _____

Leave destination: _____ Return arrival: _____

If you have already made reservations, please indicate cost and travel agency: \$ _____, _____

NOTE: If travel agency is other than World Wide Travel, cost must be paid from either personal or Foundation funds. If from personal funds, reimbursement may be claimed on expense statement.

SOURCE OF FUNDS FOR AIRFARE: _____
(cost center, Foundation account or reimbursement)

AUTOMOBILE: Departmental vehicle: _____ Personal car: _____ please give vehicle license # _____
(.29/mile reimbursement) Physical plant vehicle: _____ Guest in car: _____ please give driver's name and
vehicle license _____ Other (please specify): _____

COLLEGE VAN: _____

LODGING, MEALS, REGISTRATION FEES AND MISCELLANEOUS EXPENSES

REQUESTED LODGING AND MEALS ALLOWANCE: # of days lodging _____ Lodging cost/night _____

A "Special" will be requested if lodging cost will exceed \$55/Night in-state or out-of-state.

Number of days meals _____ (Use only full days.) Per item allowances are listed below.

MISCELLANEOUS EXPENSES: TAXI: _____ RENTAL CAR: _____

OTHER (parking, telephone, etc.): _____

REGISTRATION FEE: _____ Registration fees may be claimed as a reimbursable expense on the travel authorization, paid from Foundation funds or on a Purchase Order. If fees are to be paid on a Purchase Order, please attach a completed registration form.

SOURCE OF FUNDS FOR REGISTRATION FEE: _____
(cost center or Foundation account)

SOURCE OF FUNDS FOR REIMBURSABLE EXPENSES: _____
(cost center or Foundation Account)

WILL A TRAVEL ADVANCE BE REQUIRED: YES _____ NO _____ If YES, the advance will be mailed to you unless there is no signed promissory note on file with the Treasurer's Office. If not you will be notified to sign a note and pick up your advance check.

ALLOWANCES FOR TRAVEL REIMBURSEMENT: I will be staying at the: _____ Tel.# _____
In-State _____ Out-of-State _____ Do you need lodging reservation made? _____ If YES, please give credit
\$30.00 meals \$30.00 Meals card number/expiration date to guarantee room, and arrival date/time:
\$55.00 Lodging \$50.00+ Lodging _____