

UNIVERSITY OF ARKANSAS AT MONTICELLO
REQUEST FOR SPECIAL TRAVEL AUTHORIZATION
For Employees Only

TO: Dr. Jack Lassiter, Chancellor

FROM: _____

DATE: _____

This is to request approval for special travel authorization for out of state travel and/or request to exceed the daily allowance for lodging.

Please check which items apply:

_____ Out of State Travel

_____ Exceed Daily Allowance for Lodging

Reason: _____

Please provide information about your travel:

Event: _____

Location: _____

Date: _____

Requisition Number: _____

Traveler _____ Date _____

Traveler's Supervisor _____ Date _____

Chancellor _____ Date _____