

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

TO:

FROM:

DATE:

This is to request approval for special travel authorization in order to increase the daily allowance for lodging at the meeting/conference listed below:

Meeting _____

Location _____

Date _____

Specific reasons for the request:

Traveler

Chancellor

Date

Note: Attach this form to your TR-1 and receipts and forward to Dr. Lassiter for approval.