

MEEG Spend Authorization Request

Return to meeg@uark.edu

Name: _____

Traveler Type: _____

Event Name: _____

Event Dates: _____ to _____

Travel Dates: _____ to _____

Destination: _____

Worktag: _____

Business Purpose:

Travel Grant?

Estimated Expenses:

				Amount	Tcard?
Airfare					
Registration					
Rental Car					
Taxi					
Parking					
Fuel					
Meals	Rate	x # days	# Days		
Lodging		x # days			
Lodging Type					
			Total		

Mileage Starting City, State _____

Ending City, State _____

**Note: WD autopluates allowable mileage for destinations.*

Travel Advance? Amount _____

Are any expenses being paid by non UA Funds?

Comments/Justification

Faculty: If you will miss a class date, please specify arrangements to cover the course material.

Additional information will be requested in the following instances:

1. Alternative Lodging Indicated
2. Mileage vs. Airline
3. Non UA Funds Indicated