

# ATU-OZARK ELECTRONIC TRAVEL REQUISITION

FOR OFFICE USE ONLY:

REQUISITION # \_\_\_\_\_

PO # \_\_\_\_\_

**TO BE COMPLETED BY TRAVELER:**

TRAVELER'S NAME: \_\_\_\_\_ VENDOR ID (T #): \_\_\_\_\_

INDEX CODE: \_\_\_\_\_ FUND: \_\_\_\_\_ ORG: \_\_\_\_\_ ACCT: 704100 PROG: \_\_\_\_\_

DATE & TIME OF DEPARTURE: \_\_\_\_\_

DATE & TIME OF RETURN: \_\_\_\_\_

TYPE OF VEHICLE NEEDED (Please specify Personal or Motor Pool) \_\_\_\_\_

PURPOSE OF TRAVEL: \_\_\_\_\_

DESTINATION TRAVELING FROM: \_\_\_\_\_ TO: \_\_\_\_\_

DESCRIPTION	UNIT OF MEASURE <small>(Ex. Miles, Nights, etc.)</small>	QTY	COST/UNIT	TOTAL COST
Motor Pool Van Mileage	Miles		0.46	\$0.00
Motor Pool Car Mileage	Miles		0.44	\$0.00
In State Mileage	Miles		0.52	\$0.00
In State Lodging	Night			\$0.00
Out of State Mileage	Miles		0.52	\$0.00
Out of State Lodging	Night			\$0.00
In State Conference Registration Fees				\$0.00
Out of State Conference Registration Fees				\$0.00
Airfare	Roundtrip			\$0.00
Hotel Parking, Airport Parking, Taxi/Shuttle:				\$0.00
<b>DESTINATION OF TRAVEL</b> Per Diem is 75% first and last day _____		<b>NUMBER OF TRAVEL DAYS:</b> _____		<b>MEALS TOTAL:</b> _____

COMMENTS: \_\_\_\_\_

Grand Total: \$0.00

SIGNATURE OF TRAVELER: \_\_\_\_\_ DATE \_\_\_\_\_