

**TRAVEL REIMBURSEMENT**

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UA Cossatot adopts by reference the travel policies and procedures of the State of Arkansas for state employees as Board policy.

Employees are expected to use their personal vehicle for official travel between campuses and to official meetings to conduct official business of the college. The college will reimburse for official miles driven only. The college assumes no responsibility for any maintenance, insurance, operational costs, accidents or fines incurred by the owner of the vehicle while on official business for the State.

Employees may also be reimbursed for other travel expenses for lodging, meals, etc. Employees will be reimbursed in accordance with the maximum in- and out-of-state rates, except in exceptional circumstances, as determined by the Chancellor or Vice Chancellor for Business Services of the college. Such determination shall exist in writing prior to the travel, and the employee's reimbursement request shall include a copy of such determination.

HLC Criterion: 2A

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**Policy History:**

July 6, 2015  
July 7, 2014  
January 1, 2011  
July 30, 2001

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TRAVEL REQUEST

The Out of Service Area/Out of State Travel Request must be completed for travel requiring overnight stay.



Out of Service Area/Out of State Travel Request

Account No. Charged for this Travel: \_\_\_\_\_ -6400

Business Office Use Only

Name of Traveler: \_\_\_\_\_

P.O. # \_\_\_\_\_

Title of Traveler: \_\_\_\_\_

Purpose of the trip: \_\_\_\_\_

Location of the meeting or trip destination: \_\_\_\_\_

Mode of Travel: College Vehicle \_\_\_\_\_ Other \_\_\_\_\_

Date of Departure: \_\_\_\_\_ Date of Return: \_\_\_\_\_

- Cost of: 1. Transportation other than college vehicle \$ \_\_\_\_\_
- 2. Meals (50500041) \$ \_\_\_\_\_
- 3. Lodging (50500042) US Bank PO # \_\_\_\_\_ \$ \_\_\_\_\_
- 4. Registration or other fees - PO # \_\_\_\_\_ \$ \_\_\_\_\_
- 5. Airfare (if applicable): PO # \_\_\_\_\_ \$ \_\_\_\_\_
- 6. Miscellaneous (Estimate) \$ \_\_\_\_\_

Name of agency, other than the college, compensating for all or part of this trip & amount: \_\_\_\_\_ \$ \_\_\_\_\_

This trip is necessary for: \_\_\_\_\_ Conducting the business of my office.  
\_\_\_\_\_ Staff development. (Describe how it relates to your Personnel Development Plan on the lines below.)

\_\_\_\_\_  
Signature of Traveler

( ) Approved ( ) Disapproved

\_\_\_\_\_  
Supervisor

( ) Approved ( ) Disapproved

\_\_\_\_\_  
Chancellor

( ) Approved ( ) Disapproved

\_\_\_\_\_  
Vice Chancellor for Business & Finance

**NOTE: Travel reimbursements will not be authorized unless this travel request is on file in the business office prior to the date of travel. Incomplete requests and requests without required attachments will be returned to traveler and will not be processed until complete.**

Required Attachments: Invitation /Registration or Agenda

Procedure History:

October 7, 2019

**TRAVEL REIMBURSEMENT FORM (TR-1)**

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**Cossatot Community College of the University of Arkansas  
Travel Expense Reimbursement Form - TR-1**

Department: \_\_\_\_\_  
 Name of Payee: \_\_\_\_\_  
 Place of Residence: \_\_\_\_\_

Official Station: \_\_\_\_\_  
 Private Vehicle License No. \_\_\_\_\_

Date MM/DD/YY	Detailed Expenditures (Other Than Mileage)								Travel by Privately Owned Vehicle				
	Name of Town Visited	Common Carrier	Hotel Room	Meals	Taxi	Incidentals*	Telephone	Total Per Day	From	To	Mileage Driven	Rate per Mile	Amount Claimed
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Sub-Totals		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	Totals for Mileage				\$ -

*\*Incidentals: Postage, Parking Fee, Registration Fee, Emergency Car Repairs, Guide Service for the Blind and Wards of the State, Minor Purchases, Meals for State Guests, or Other (requires explanation)*

\_\_\_\_\_  
 Signature and Job Title of Traveler

\_\_\_\_\_  
 Signature of Supervisor

\_\_\_\_\_  
 Signature of Vice Chancellor for Business/Finance



Sub-Total                           \$    -

Mileage Claimed                         \$    -

Total Claimed                                 \$    -

