



**STUDENT TRAVEL  
AUTHORIZATION FORM**

**TRAVELER INFORMATION & TRIP DETAILS**

Student Traveler Name \_\_\_\_\_

Student ID# \_\_\_\_\_

University Department \_\_\_\_\_

Travel Dates \_\_\_\_\_

\_\_\_\_\_ Air \_\_\_\_\_ Ground  
Transportation Type

Destination City \_\_\_\_\_ State \_\_\_\_\_ Country(if foreign travel) \_\_\_\_\_

Purpose of Travel \_\_\_\_\_

**ITINERARY: Please provide information for where student can be reached in case of emergency. Continue on back or second page if necessary.**

City, Hotel, Institution, etc. \_\_\_\_\_

Date and Hour \_\_\_\_\_

City, Hotel, Institution, etc. \_\_\_\_\_

Date and Hour \_\_\_\_\_

City, Hotel, Institution, etc. \_\_\_\_\_

Date and Hour \_\_\_\_\_

**TRAVEL AUTHORITY APPROVAL**

**I certify that I have read, understand and agree to abide by UAPB's Student Travel Policies and Procedures.**

Travel Authority (please type or print)  
Chaperone/Faculty/Principal Investigator/Other \_\_\_\_\_

Travel Authority Signature \_\_\_\_\_

Date \_\_\_\_\_

**I certify that the above individual is approved to accompany students on the trip described above, and that it is necessary for purposes that support the mission of the University of Arkansas at Pine Bluff.**

Dean of Student Life Signature \_\_\_\_\_

Date \_\_\_\_\_

**BUDGET AUTHORITY APPROVAL**

General Ledger Account Number \_\_\_\_\_

Budget Officer Signature \_\_\_\_\_

Date \_\_\_\_\_

**STUDENT ACKNOWLEDGEMENT**

**I certify that I have read, understand and agree to abide by UAPB's Student Travel Policies and Procedures.**

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

**NOTE: YOU are responsible for forwarding a copy of this form to the Office of Student Involvement and Leadership and Campus Police.**