

THE UNIVERSITY OF TEXAS AT ARLINGTON
Request for Travel Authorization
(For All Personnel)

Exhibit 2-91
Rev .06 September 2007

Date _____ No. _____
Name _____ Position _____ Account _____
(Title or Rank)
Department _____ Estimated Cost _____
Period of Leave: From _____ TO _____
(Time) (Date) (Time) (Date)

Purpose of Leave (Explain why trip is necessary for the use and benefit of UT Arlington and/or if required in performance of duties of position held).

SPONSOR:

BENEFIT TO UTA:

Will reimbursement be claimed for a registration fee? Yes _____ No _____

If yes, give name of organization _____ Amount of fee _____
Note: If membership in organization requiring registration fee is not held in the name of the University or the State of Texas, no reimbursement can be made.

Address During Leave _____
(Must show city and state)

University duties are to be cared for by the following persons:

Administrative _____
Courses _____
(List each class separately, individual responsible for class)

Expenses requested from University administered sources: _____ Yes _____ No _____ Mode of Transportation _____

Is vacation or other leave to be taken in connection with this leave? If yes, specify dates: _____ through _____

Name of Applicant (printed)

Signature of Applicant

Name of Supervisor (printed)

Approval of Supervisor

You may be entitled to know what information UT Arlington collects concerning you. You may review and have UT Arlington correct this information according to procedures set forth in UT System UTS 139. The law is found in sections 552.021, 552.023 and 559.004 of the Texas Government Code.