



# UNIVERSITY OF ARKANSAS

## Past Travel Justification

By completing this form, I, \_\_\_\_\_, acknowledge that I have not completed the required procedures for my pre-travel and spend approval. I understand that this does not excuse me from violating the Travel Policy but allows me to acknowledge my mistake in completing the procedure.

<b>Payee:</b> _____
<b>Dates of Travel Event:</b> _____
<b>Reason for Travel:</b> _____
<b>Justification for Lack of Spend Authorization for Travel Event &amp; Travel's Benefit to the University and/or Department:</b>
_____
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_____
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_____

Payee: \_\_\_\_\_ Date: \_\_\_\_\_

Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Cost Center Manager / Budget Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Director / Dept. Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Export Control / Study Abroad: \_\_\_\_\_ Date: \_\_\_\_\_

Grant/Gift Manager / Principal Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

If all applicable signatures are not present when the Travel Office reviews the Expense Report, we have the right to deny your request for reconciliation and/or invoice Travel Card transaction related to this travel event.