

Travel Advance Agreement

As a representative of the University of Arkansas, Fayetteville, I may be authorized to travel on behalf of the University of Arkansas. By signing below, I certify that I have read, understood, and agree to comply with the requirements of [Fayetteville Policies and Procedures 332 \(FPP 332\)](#), including any future updates to [FPP 332](#). I further understand that failure to follow the requirements may result in loss of travel advance privileges and other consequences outlined in [FPP 332](#), such as payroll deductions and student account restrictions.

Signature

Date

Printed Name

Department

University ID Number

Work Telephone Number

Please return completed form to ARKU 213 or e-mail to treatinfo@uark.edu