## University of Arkansas Student Group Travel Insurance Form

Identification
Name of Group:
Name of Leader:
Purpose of Trip:
Location (City and State):
Office Emergency Contact Name & Number:

## **Logistics**

Departure	Date:				
Return	Date:	Time			
Method of transportation used (please select all that apply):					
Air/Ai	line Rental Vehicle	Univ. Vehicle Personal V	Vehicle Other		

## Names of participants

## **Trip Insurance Charges**

Worktag to charge:				
Number of Participants:				
Number of Days:				
Circle all that apply (Vehicle Travel \$0.60 / Air Travel \$0.80)				
Calculation: # of participants X # of days X Vehicle/Air Travel Cost				
ΤΟΤΑ	L amount to be charged \$			
Email form to the Risk Management				
	risk@uark.edu			
Date Sent:	Initials:			

IMPORTANT REMINDER: If you are requesting any funds for this trip, you must complete a spend authorization in Workday.