Sam Houston State University

Travel Expense Report

Traveler Name			Sam ID:	-	Requisition Number:				
Mailing Address					Partial		Complete		
City State		Zip	Zip		Requisition Amount:				
Email Address						Travel Card Amount:			
Traveler Type:	Student	Employee	Prospective Em	ployee	Other	-			
FOP(s)	Fund Or	rganization Progra	am Amount						
					Instate	Outstate	Foreign	Study	Abroad
Depart Date/Time:			Departur	e Address:					
Return Date/Time:				estination:					
Carpooled with:			Commut Location/Duties Per	e Mileage:					
Registration Fee:		Conference/Ev							
Mileage: Miles @		es @ .575 =	.575 = Parking:		nuttle/Taxi: To		Tolls:	lls:	
Airfare: Bagga		Baggage Fee:	ge Fee: Rental Car:		HSU Vehicle/Rental Fuel:			Other:	
Total Transportation	Expense:	Da	ily Expense Log: Meal,	/Lodging/Hot	el Tax/Misc	Stude	ent Expenses:		
Date	Meal	Lodging	Hotel Tax	1	Other/	Misc		Notes	
Total Meals	s/Lodging:		Total Ta:	xes/Other:					
Total Travel Expenses: Total Du			Due to Traveler:	e to Traveler:		Limited To:			
Travel Card Amount:		То	Total Due to SHSU:		Advance:				
Prepared By:			Phone #:		Email:				
I certify that the exp	enses are accui	rate and true.							
Signature/Date:									
Т	raveler					e *Only Requ			
				(if	expenses are	more than requ	uisiton)		
Grants Only:	Initial:	PI		Initial:	0	ffice of Resea	arch Administr	ation	