

SHSU Guest Travel Expense Agreement Form

Name: _____ SamID: _____
(As it appears on Driver's License/Identification Card)

Gender: _____ Date of Birth: _____
(Required Information for Concur)

TSA Pre-Check Number: _____ DHS Redress No.: _____
(if applicable for Concur) *(if applicable for Concur)*

Phone: _____ Email: _____

Dates of Travel: Beginning: _____ Ending: _____

Purpose of Travel to SHSU:

Location traveling from: City: _____ State: _____ Country: _____

Closest airport from departing city to book flight into IAH: _____

Special Note: _____

-----SHSU Department Only-----

SHSU Department: _____ has agreed to cover the cost of the following travel expense(s) for Guest of SHSU:

Hotel Meals Transportation to SHSU/Events

Airfare Rental Car

Signature/Title: _____ Date: _____

Requisition Number: _____ Estimated Cost: _____

FOAP: _____ - _____ - _____ - _____ Travel Card ending 4-digits: _____