

# Sam Houston State University

## Non-Overnight Travel - No Travel Requisition - Direct Invoice/Billing

Traveler Name \_\_\_\_\_ Sam ID: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address \_\_\_\_\_

### Non-Overnight Travel

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Department \_\_\_\_\_

Travel Card Amount: \_\_\_\_\_

Traveler Type:     Student       Employee       Prospective Employee       Guest

Depart Date: \_\_\_\_\_ Time: \_\_\_\_\_ Departure Address: \_\_\_\_\_

Return Date: \_\_\_\_\_ Time: \_\_\_\_\_ Travel Destination: \_\_\_\_\_

Carpooled with: \_\_\_\_\_

Date	Daily Itinerary (Means of Transportation/Location/Duties Performed)	Pt to Pt Miles

Registration Fee: \_\_\_\_\_ Conference/Event: \_\_\_\_\_

Mileage: \_\_\_\_\_ Miles @ .545 = \_\_\_\_\_ Parking: \_\_\_\_\_ Tolls: \_\_\_\_\_ Student(s) Total Expense: \_\_\_\_\_

Airfare: \_\_\_\_\_ Agency Fee: \_\_\_\_\_ Baggage Fee: \_\_\_\_\_ Rental Car: \_\_\_\_\_ Fuel: \_\_\_\_\_ Shuttle/Taxi: \_\_\_\_\_

*(Enter \$0.00 if Airfare & Agency Fee expenses are on ghost card. Separate section below for ghost card amount.)*

Business Meal: \_\_\_\_\_ *FO-19 Required & List of Attendees*             Meal as Student Sponsor: \_\_\_\_\_ *List of Students Required*

**Total Travel Expenses:** \_\_\_\_\_    **Total Due to Traveler:** \_\_\_\_\_

**Travel Card Amount:** \_\_\_\_\_    **Total Due to SHSU:** \_\_\_\_\_    **Advance:** \_\_\_\_\_

**Ghost Card Airfare & Agency Fee Amount:** \_\_\_\_\_ *Provide invoice from CTP/Concur for verification of airfare purchase.*

Prepared By: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Signature/Date: \_\_\_\_\_

*Traveler: I certify the expenses are accurate and true.*

Supervisor Signature

Grants Only: Initial: \_\_\_\_\_ PI - Responsible for Grant             Initial: \_\_\_\_\_ Office of Research Administration

FOP(s)	Fund	Organization	Account	Program	Amount

Travel Office Use Only
Invoice _____
JV _____

