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: 0 Miles @ .535 = 0.00 **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: 0.00 **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 _____

No Travel Requisition-Expense Report Continuation Page

Traveler Name: **Sam ID:** **Non-Overnight**

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

Total Mileage on Continuation Page: 0