Sam Houston State University

Travel Expense Report

Traveler Name _____ **Sam ID:** _____ **Requisition:** _____

Mailing Address _____ ◉ Partial ○ Complete

City _____ **State** **Zip** _____ Requisition Amount: _____

Email _____ Travel Card Amount: _____

Department _____

Traveler Type: ○ Student ◉ Employee ○ Prospective Employee ○ Guest

FOP(s)

Fund	Organization	Account	Program	Amount

If FOAP differs from orignal FOAP on requisition then initial for approval.

FOAP Approval: _____

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.)

Date	Meal	Lodging	Hotel Taxes	Other/Misc	Notes
Totals:	0.00	0.00	0.00	0.00	

Total Travel Expenses: 0.00 **Total Due to Traveler:** **Limited To:**

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

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

Prepared By: Phone #: Email:

Signature/Date: _____ _____

Traveler - *I certify that the expenses are accurate and true.* Supervisor Signature *Only Required by Travel Office *(if expenses are more than requisition)*

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

Sam Houston State University

Travel Expense Report Continuation Page

Traveler Name: **SamID:** **Requisition:**

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

Daily Expense Log: Meal/Lodging/Hotel Tax/Misc

Date	Meal	Lodging	Hotel Taxes	Other/Misc	Notes
Totals:	0.00	0.00	0.00	0.00	

Total Expense on Continutation Page: 0.00

Sam Houston State University

Travel Expense Report Continuation Page

Traveler Name: **SamID:** **Requisition:**

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

Daily Expense Log: Meal/Lodging/Hotel Tax/Misc

Date	Meal	Lodging	Hotel Taxes	Other/Misc	Notes
Totals:	0.00	0.00	0.00	0.00	

Total Expense on Continutation Page: 0.00