

# Sam Houston State Universtiy

## Travel Expense Report

<b>Traveler Name:</b>	<b>Sam ID:</b>	<b>Requisition Number:</b>
<b>Mailing Address:</b>		Partial <span style="margin-left: 100px;">Complete</span>
Direct Deposit:		Requisition Amount:
Email:		Travel Card Amount:
<b>Traveler Type:</b>	Student      Employee      Prospective Employee	Other:
<b>FOP(s)</b>	Fund      Org      Program      Amount	Instate      Outstate      Foreign
Depart Date/Time:	Departure Address:	
Return Date/Time:	Destination Address:	
Carpooled with:	Commute Mileage:	

<b>Date</b>	<b>Daily Itinerary (Means of Transportation/Location/Duties Performed)</b>	<b>Pt to Pt Miles</b>
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<b>Registration Fee:</b>	<b>Conference/Event:</b>	
<b>Mileage:</b>	Miles @	
<b>Transporation: Airfare:</b>	<b>Taxi:</b>	<b>Tolls/Parking:</b>
		<b>Rental Car:</b>
		<b>Baggage Fee:</b>

  

<b>Daily Log: Meal/Lodging/Hotel Tax/Misc</b>				
Date:	Meal	Lodging	Hotel Taxes	Other/Misc:
Date:	Meal	Lodging	Hotel Taxes	Other/Misc:
Date:	Meal	Lodging	Hotel Taxes	Other/Misc:
Date:	Meal	Lodging	Hotel Taxes	Other/Misc:
Date:	Meal	Lodging	Hotel Taxes	Other/Misc:
Date:	Meal	Lodging	Hotel Taxes	Other/Misc:

Total Meals/Lodging:		
<b>Total Travel Expenses:</b>	<b>Total Due to Traveler:</b>	<b>Limited To:</b>
<b>Travel Card Amount:</b>	<b>Total Due to SHSU:</b>	<b>Travel Advance:</b>
Prepared By:	Phone #:	Email:

*I certify that the expenses are accurate and true.*

Signature/Date: _____	Signature/Date: _____
Traveler	Supervisor/Title *Only Required (if expenses are more that requisiton)

Grants Only:      Initial: \_\_\_\_\_ PI      Initial: \_\_\_\_\_ Office of Research Administration

Submit to Travel Office