

**SAM HOUSTON STATE UNIVERSITY  
PSYCHOLOGY & PHILOSOPHY DEPARTMENT**

**TRAVEL VOUCHER INFORMATION**

**To prevent delays in refunding travel expenses, the following information is required:**

Name: \_\_\_\_\_ SAM ID# \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Destination:** \_\_\_\_\_

Date leaving headquarters: \_\_\_\_\_ Time leaving headquarters: \_\_\_\_\_ AM/PM

Date returning to headquarters: \_\_\_\_\_ Time returning to headquarters: \_\_\_\_\_ AM/PM

Method of transportation: (*Circle One*)

Personal Auto    SHSU Van    Airplane    Carpool    Other: (specify) \_\_\_\_\_

Claiming Mileage: \_\_\_\_ Yes    \_\_\_\_ No    Mileage: \_\_\_\_\_

Are you submitting receipts for reimbursement to any other funding source/dept.: \_\_\_\_ Yes    \_\_\_\_ No

If yes, please give department and contact name: \_\_\_\_\_

**I certify that I am NOT submitting the attached receipt(s) to more than one funding source unless partial reimbursement is indicated.** \_\_\_\_\_ (initial here) and indicate the reimbursement division:

\_\_\_\_\_

**\*ATTACH RECEIPTS FOR THE FOLLOWING:**

*REGISTRATION FEE	\$	
*HOTEL # of nights = _____ X Price per night = \$_____ =	\$	
*AIR FARE	\$	
*RENTAL CAR # of days = _____ X Price per day \$_____ =	\$	
*MEALS ( <i>RECEIPTS REQUIRED</i> )	\$	
*OTHER (Specify: taxi, parking fees, toll road fees, etc.)	\$	
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**FOR OFFICE USE ONLY:** Date received \_\_\_\_\_

rev06/15/2006