



Faculty Travel Request Form

1) Complete Sections 1-6 and click "Submit".

SECTION 1: Faculty Information

Name:		Sam ID:
Cell Phone:	SHSU E-mail:	
Mailing Address:	Physical Street Address:	
City State Zip:	City State Zip:	

SECTION 2: Event Details

Event Name:	Event Location:
Event Begin Date:	Event End Date:
Brief Description/Reason for Travel:	
Benefit to SHSU:	

SECTION 3: Travel Details

***** If travel dates change please inform Department PRIOR to your departure. *****

Travel Begin Date:	Travel End Date:	Date Returning to SHSU:
--------------------	------------------	-------------------------

Mode of Transportation: Flying Driving in Personal Vehicle Carpooling in University Vehicle

If travel dates are outside of event dates, please explain: [Cost Comparison is required.](#)

SECTION 4: Proposed Travel Budget

I DO / **I DO NOT** request the University to reimburse my travel expenses. (Please check one).

PI ACCOUNT (If applicable): _____

Travel Estimate: This includes registration fee, mileage, toll fees, parking at airport, ground transportation, airfare, baggage (1 each way), lodging, meals, etc. **Total Estimated Travel Expense: \$** _____

When requesting reimbursement, receipts are required **except for meals**. Please fill out a meal reimbursement log – you do not need to turn in your meal receipts, but keep for your records.

SECTION 5: Teaching Arrangements

If you are scheduled to teach during the time you will be away on travel, please provide the arrangements you will make for each of your classes:

CRIJ_Section	Class Day/Time:	Arrangements to be made:

SECTION 6: Traveler Signature

The information I have provided on this form is correct to my knowledge. I will inform the Department of Criminal Justice & Criminology of any changes PRIOR to my departure.

SIGNATURE OF TRAVELER TRAVELER TITLE DATE

ADMINISTRATIVE OFFICE USE

DEPARTMENT CHAIR SIGNATURE	DATE	Maximum Reimbursement Approved: \$ _____
DEAN SIGNATURE	DATE	Fund: _____ Org: _____
		Program: _____ Activity Code: _____
		Travel Requisition #: _____ Completed by: _____