## Sam Houston State University College of Humanities & Social Sciences

## **Graduate Travel Funds Request**

Name:				SAM ID #:			
Date:		Student	Faculty	Gradua	te Program:		
Destination							
Dates of Trav	rel			·			
# of weekday	s included in travel:						
Purpose of Tr	ravel and purpose o	f using Gradu	ate Funds:				
This will ben	efit the university b	y					
Estimated Co							
Registration:	\$			ner:	\$		
Hotel:	\$			ner:	\$		
Airfare:	\$		Ot	ner:	\$		
Rental car:	\$		Ot	ner:	\$		
Meals:	\$		Ot	ner:	\$		
Tolls:	\$		Oti	ner:	\$		
Taxi:	\$		Mil	eage:	miles	x .54 = \$	
Shuttle:	\$		To	tal:	\$		
Department Chair Approval			Fund Total Approved:		Org	Program	
Dean's Office Ap	proval						