



OFFICE OF STATE-FEDERAL RELATIONS
REPORT OF STATE AGENCY TRAVEL TO WASHINGTON D.C.
Please type or print clearly. Fax to: 512-463-1984

(For OSFR Use Only)
Date Received: _____
Fiscal Year: _____

3-Digit Agency Code: 753

Agency Name: Sam Houston State University

NAMES AND TITLES OF TRAVELERS:

Date Arriving D.C.: _____

Date Departing D.C.: _____

PERSON REPORTING TRAVEL AGENDA:

Name: _____
 Title: _____
 Department: _____
 Phone: _____
 Fax: _____
 Address: _____

PRIMARY Committees/Offices/Agencies/Organizations TO BE VISITED:

1. On Date(s): _____
 Name: _____
 Org./Dept.: _____

2. On Date(s): _____
 Name: _____
 Org./Dept.: _____

3. On Date(s): _____
 Name: _____
 Org./Dept.: _____

PURPOSE OF TRIP
(CHECK AS MANY AS APPLY. PLEASE USE ONLY THE CATEGORIES LISTED):

1) Congressional Testimony *
 2) Congressional Visit *
 3) Agency Visit (General)*
 4) Agency Visit (Grant Follow-up)
 5) OSFR Visit
 6) Public Interest Group or Professional Association

7) Other (Please Specify:) _____
 Meeting, Conference, Convention, or Visit

**If the purpose of the trip is a Congressional or General Agency Visit, please provide OSFR with an advance Courtesy Copy of the travel itinerary. If the purpose is to provide testimony to a Congressional Committee or Agency Rule-Making Authority, please provide OSFR with an advance Courtesy Copy of the testimony.*