Sam Houston State University
Travel Expense Report

Traveler Name _____ **Sam ID:** _____ **Requisition:** _____

Mailing Address _____ Partial   Complete

City _____ **State** _____ **Zip** _____ Requisition Amount: _____

Email _____ Travel Card Amount: _____

Department _____

Traveler Type: Student   Employee   Prospective Employee   Guest

FOP(s)

Fund	Organization	Account	Program	Amount

If FOAP differs from orignal FOAP on requisition then initial for approval.

FOAP Approval: _____

Depart Date: _____   Time: _____   Departure Address: _____

Return Date: _____   Time: _____   Travel Destination: _____

Carpooled with: _____

Date	Daily Itinerary (Means of Transportation/Location/Duties Performed)	Pt to Pt Miles

Registration Fee: _____   **Conference/Event:** _____

Mileage: _____ Miles @ .545 = _____   **Parking:** _____   **Tolls:** _____   **Student(s) Total Expense:** _____

Airfare: _____   **Agency Fee:** _____   **Baggage Fee:** _____   **Rental Car:** _____   **Fuel:** _____   **Shuttle/Taxi:** _____

(Enter $0.00 if Airfare & Agency Fee expenses are on ghost card. Separate section below for ghost card amount.)

Date	Meal	Lodging	Hotel Taxes	Other/Misc	Notes
Totals:					

Total Travel Expenses: _____   **Total Due to Traveler:** _____   **Limited To:** _____

Travel Card Amount: _____   **Total Due to SHSU:** _____   **Advance:** _____

Ghost Card Airfare & Agency Fee Amount: _____   *Provide invoice itinerary from CTP/Concur for verification of airfare purchase.*

Prepared By: _____   Phone #: _____   Email: _____

Signature/Date: _____

Traveler -   *I certify that the expenses are accurate and true.*   Supervisor Signature *Only Required by Travel Office
(if expenses are more than requisition)

Grants Only: Initial: _____ PI - Responsible for Grant   Initial: _____ Office of Research Administration

Sam Houston State University

Travel Expense Report Continuation Page

Traveler Name: **SamID:** **Requisition:**

Date	Daily Itinerary (Means of Transportation/Location/Duties Performed)	PT to Pt Miles

Daily Expense Log: Meal/Lodging/Hotel Tax/Misc					
Date	Meal	Lodging	Hotel Taxes	Other/Misc	Notes
Totals:					

Total Expense on Continutation Page: _____

Sam Houston State University

Travel Expense Report Continuation Page

Traveler Name: **SamID:** **Requisition:**

Date	Daily Itinerary (Means of Transportation/Location/Duties Performed)	PT to Pt Miles

Daily Expense Log: Meal/Lodging/Hotel Tax/Misc					
Date	Meal	Lodging	Hotel Taxes	Other/Misc	Notes
Totals:					

Total Expense on Continuation Page: _____