

## Visitor/Speaker Request

Submit completed form to the Accounts Payable Box no later than 15 days before the first date of the visit.

Host/Requestor: \_\_\_\_\_ Email: \_\_\_\_\_

First time visitor at UH: Yes No

### VISITOR INFORMATION

Full Name: \_\_\_\_\_ Date of Birth(required): \_\_\_\_\_ Institution: \_\_\_\_\_

Dates of visit: \_\_\_\_\_ to \_\_\_\_\_ Departure: \_\_\_\_\_ City/State/Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Required for submission:**

### PURPOSE

- Invited talk on: \_\_\_\_\_ at Seminar: \_\_\_\_\_
- Collaborate on: \_\_\_\_\_
- Other: \_\_\_\_\_

If office space or a seminar room is needed, contact [frontdesk@math.uh.edu](mailto:frontdesk@math.uh.edu).

**Check all that apply:**

### EXPENSES

<input type="checkbox"/> <b>AIRFARE</b>	Estimated Amount	Speed Type
<input type="checkbox"/> Reimburse Traveler <input type="checkbox"/> Direct Bill UH: National Travel Services, 877-717-7768 or 888-603-8747		

<input type="checkbox"/> <b>HOTEL</b> Name: _____	Estimated Amount	Speed Type
<input type="checkbox"/> Reimburse Traveler or <input type="checkbox"/> Direct Bill UH (only some hotels) Confirmation.#: _____ <b>Note: Only Room and Tax can be direct billed.</b>		

<input type="checkbox"/> <b>RENTAL CAR</b>	Estimated Amount	Speed Type
<input type="checkbox"/> Direct bill confirmation #: _____ <input type="checkbox"/> Reimburse Traveler <input type="checkbox"/> Enterprise 888-291-0359 <input type="checkbox"/> Avis 800-331-1212		

<input type="checkbox"/> <b>OTHER RECEIPTED TRAVEL EXPENSES</b>	Estimated Amount	Speed Type
<input type="checkbox"/> Transportation <input type="checkbox"/> Food <input type="checkbox"/> Parking <input type="checkbox"/> Mileage <input type="checkbox"/> Rental Car Gas <input type="checkbox"/> Other: _____		

<input type="checkbox"/> <b>HONORARIUM</b>	Amount	Speed Type
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<input type="checkbox"/> <b>CONTRACT (MUST BE SUBMITTED 4 WEEKS PRIOR TO START DATE)</b>	Amount	Speed Type
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I understand that all payments for visitor travel expenses must be paid directly to a vendor or reimbursed directly to the visitor. No expenses can be reimbursed to a party other than the visitor or travel vendor, even upon providing proof that expenses were paid on the visitor's behalf. I also understand that the visitor must complete and submit a Vendor Setup Packet in order to be reimbursed.

Total Expenses Not to exceed: \$ \_\_\_\_\_ Signature of Account PI: \_\_\_\_\_

**PACKET FORMS ARE NOW LOCATED AT [www.math.uh.edu](http://www.math.uh.edu)**

## Visitor/Speaker Request

### Step 1:

1. Call Hotel and make reservations
2. Enter the name of the hotel and confirmation number on **Visitors Request Form** under Hotel section.

### Step 2:

Include the other necessary forms for your visitors:

\***Letter of Invite** to visitor – MUST HAVE IF YOU ARE PAYING EXPENSES FROM A GRANT

\*Sample & blank forms are attached