

TRAVEL REQUEST FORM

for UH Employees and Students ONLY

INCOMPLETE REQUESTS WILL BE RETURNED TO YOU AND UNPROCESSED

Domestic Foreign

Insurance Only

Today's Date _____

*Email ap@math.uh.edu with questions or concerns.

Attach to this Request:

- Airfare showing amount paid or quoted.
- Foreign: Export Controls and Travel Embargo Form
- Announcement or website showing dates and location of conference or workshop
- Invitation letters, if applicable

TRAVELER INFORMATION

Name of Traveler _____

Classification of Traveler

Phone/Email _____

UH Employee UH Student

If other, STOP & fill out Visitor Request Form instead

Departure City/State/Country _____ Destination City/State/Country _____

Travel Dates _____ to _____

* Will any days be spent primarily on non-business activities (Yes or No)? _____ If yes, give the dates of non-business activity/personal travel dates: _____

* Employee/Traveler: Is any of your salary paid by a federal grant (Yes or No) are you a PI with a federal grant (Yes or No)?

* Are you teaching any time over these travel dates? Check one: I am not teaching during these dates

Class is cancelled Class will be taught by _____ Class has been rescheduled for _____

Purpose/Benefit of trip (for each destination) _____

Estimated Expenses	UH Billed	For Reimbursement	Speed Type
<input type="checkbox"/> Airfare	\$	\$	
<input type="checkbox"/> Lodging	\$	\$	
<input type="checkbox"/> Rental Car	\$	\$	
<input type="checkbox"/> Conference Fee	\$	\$	
<input type="checkbox"/> Mileage	\$	\$	
<input type="checkbox"/> Incidentals (Hotel Tax, parking, etc.)	\$	\$	
<input type="checkbox"/> Other Transportation	\$	\$	
<input type="checkbox"/> Meals	\$	\$	
Total			

Indicate amount of travel expenditures to be paid/reimbursed by non-UH third party. Amount: _____

I understand that I am not cleared to travel until I receive a copy of an official UH Travel Request that is signed by my Supervisor and Pam Muscarello. In the case that any portion of the trip is on foreign soil, the Travel Request Form must be signed by the Dean's Office and the Provost, before I am cleared to travel. I also understand that I will be required to submit a trip report within two weeks of my return that contains an agenda describing the activities and meetings attended while traveling and how the trip was beneficial to the University.

My signature indicates my understanding of these statements _____

FOREIGN TRAVEL SPECIFIC STATEMENT ADDENDUM

Name of Employee: _____

Employee's Title: _____

Department: _____

Anticipated Trip Date: _____

Destination City or Country: _____

Specific Business Purpose: _____

Describe the essential nature of the travel request and how this trip will benefit the University (who, what, when, where, why and how):

I also understand that I will be required to submit a trip report that contains a day to day agenda that describes the activities and meetings I attended while traveling and how the trip was beneficial for the University within two weeks of my return.

Employee Signature: _____

Date: _____