

University of Houston

Internal Travel Request - Department of Chemistry

Today's Date _____

Domestic

Foreign

(complete and attach the Foreign Travel Statement, Export Form, and Paid Airfare Itinerary)

Traveler Name _____

Classification of Traveler

Job Title _____

UH Employee/Student ID

UH Employee _____ **(If paid by UH check this box)**

Phone _____

UH Student _____

Email _____

University Guest _____

Purpose of Travel (If applicable, provide full title of conference/meeting/workshop)

Benefit of Travel (If using grant funds, specify how this travel directly benefits the grant.)

Additional Employee Travel Information (This section only applies to employee travelers)

Will any days be spent primarily on non-business activities (Yes or No)? _____ If yes, what dates will non-business activity take place? _____
 Is any of the employee's salary paid from a federal grant and/or is the employee a PI with a federal grant (Yes or No)? _____ If yes, OCG must approve.
 Are you teaching any classes (Yes or No)? _____ If yes, what class? _____
 If yes, how many teaching days missed? _____ If yes, who will cover your teaching duties? _____

Estimated Travel Expenditures	<u>Direct-Billed Amount</u>	<u>To be Reimbursed by UH Amount</u>	<i>*Speedtype(s) to charge*</i>
Airfare	\$ _____	\$ _____	_____
Lodging	\$ _____	\$ _____	_____
Rental Car (Claim Gas Expense)	\$ _____	\$ _____	_____
Mileage (Personal Vehicle Use)	\$ _____	\$ _____	_____
Check one: Per diem Actual			
Meals	\$ _____	\$ _____	_____
Incidentals	\$ _____	\$ _____	_____
Conference Registration fee	\$ _____	\$ _____	_____
Total	\$ _____	\$ _____	_____

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

Name of non-UH third party: _____ Attach documentation (e.g., letter or e-mail) related to third party payment.

Itinerary

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

Departure Date _____ Return Date _____

Rental Car Company (if applicable) _____ Hotel Name or type "Private Residence" _____

Signatures and Dates: My signature below indicates my understanding of these statements.

* I understand that the **reimbursement request**, including required documentation, must be submitted to the department business office **no later than 60 days** after travel is completed. Requests submitted after 60 days will not be processed.

* I understand that I am not cleared for business travel until I receive a copy of an official UH Travel Request signed by my supervisor and the department certifying signatory. In the case of foreign travel, the Travel Request must also be signed by the Dean, & Provost. (if using state funds the Presidents Office must approve).

* I understand that I must submit an **agenda and trip report** prior to and within 60 days of foreign travel that describes the activities and meetings, including those individuals attending, and how the trip is/was beneficial for the University. This is required for all foreign travel.

****NOTE: An official travel request will be created and put in your mailbox for final signatures****

Traveler _____ Date _____

Supervisor/Unit Head _____ Date _____

ATTACHMENTS:

- 1) Attached lodging confirmation, rental car information (if applicable) and airfare itinerary (if applicable) reflecting the class of travel (i.e. coach/economy)
- 2) Attached **conference program, letter of invitation, website, or similar documentation**