DEPARTMENT OF CRIMINAL JUSTICE & CRIMINOLOGY AT SAM HOUSTON STATE UNIVERSITY Faculty Travel Request Form 1) Complete Sections 1-6 and click "Submit".

Name: Sam ID: Cell Phone: SHSU E-mail: Mailing Address: Physical Street Address: City State Zip: SECTION 2: Event Details City State Zip: Event Name: Event Location: Event Matter State Event Location: Event Begin Date: Event End Date: Event End Date: Event End Date: Brief Description/Reason for Travel: Event End Date: Event End Date: Event End Date: SECTION 3: Travel Details Travel Begin Date: Travel End Date: Date Returning to SHSU:
Mailing Address: Physical Street Address: City State Zip: SECTION 2: Event Details Event Name: Event Location: Event Begin Date: Event Location: Brief Description/Reason for Travel: Event End Date: Benefit to SHSU: SECTION 3: Travel Details *** If travel dates change please inform Department PRIOR to your departure. *** Date Returning to SHSU:
CityStateZip:CityStateZip:SECTION 2: Event DetailsEvent Name:Event Location:Event Begin Date:Event Location:Brief Description/Reason for Travel:Event End Date:Benefit to SHSU:SECTION 3: Travel Details*** If travel dates change please inform Department PRIOR to your departure. ***Travel Begin Date:Travel End Date:Date Returning to SHSU:
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Travel Begin Date: Travel End Date: Date Returning to SHSU:
Mode of Transportation: Flying Driving in Personal Vehicle Carpooling in University Vehicle
If travel dates are outside of event dates, please explain: Cost Comparison is required.
SECTION 4: Proposed Travel Budget
I DO / I DO NOT request the University to reimburse my travel expenses. (Please check one).
PI ACCOUNT (If applicable):
Travel Estimate: This includes registration fee, mileage, toll fees, parking at airport, ground transportation, airfare, baggage (1 each way), lodging, meals, etc. Total Estimated Travel Expense: \$
When requesting reimbursement, receipts are required except for meals . Please fill out a meal reimbursement log – you do not need to turn in you
meal receipts, but keep for your records.
SECTION 5: Teaching Arrangements
If you are scheduled to teach during the time you will be away on travel, please provide the arrangements you will make for each of your classes:
CRIJ_Section Class Day/Time: Arrangements to be made:
SECTION 6: Traveler Signature
The information I have provided on this form is correct to my knowledge. I will inform the Department of Criminal Justice & Criminology of any
changes PRIOR to my departure.
SIGNATURE OF TRAVELER TITLE DATE DATE
ADMINISTRATIVE OFFICE USE
ADMINISTRATIVE OFFICE USE Maximum Reimbursement Approved: \$
Maximum Reimbursement Approved: \$
DEPARTMENT CHAIR SIGNATURE DATE Maximum Reimbursement Approved: \$ Fund:Org: Org:
Maximum Reimbursement Approved: \$