

University of Houston  
Travel Request

**General and Traveler Information**

<b>Today's Date</b>		<b>Travel Request No.</b>		<b>Traveler's E-mail address:</b>	
<b>Traveler Name</b>		<b>Traveler Job Title</b>		<b>Traveler Phone #</b>	
<b>College/Division</b>	CEE	<b>UH Mail Code</b>	4003		
<b>Contact Name</b>	Cherish Wallace	<b>Contact Phone #</b>	713-743-4251		
<b>SPEED TYPE</b>					<b>Traveler Empl ID</b>

<b>PURPOSE &amp; BENEFIT OF TRAVEL</b>	
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**Classification of Traveler (check one)**

UH Employee <input type="checkbox"/>	Prospective Employee <input type="checkbox"/>	University Guest <input type="checkbox"/>
UH Student <input type="checkbox"/>	Other (describe) _____	

**Itinerary**

<b>Departure City/State/Country</b>		<b>Destination City/State/Country</b>	
<b>Departure Date</b>		<b>Return Date</b>	
<b>Rental Car Company</b>		<b>Hotel Name or Type "Private Residence"</b>	

**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, type the dates of non-business activity. \_\_\_\_\_

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, email TR to ORPCC.

Estimated Travel Expenditures	(Office Use Only)	Local Funds	State Funds	Total Funds
Travel expenses direct-billed to UH				
Travel expenses to be reimbursed by UH				
Total expenditures to be paid or reimbursed by UH				

Type of Expense	Account	Cost Center (Office Use Only)						Amount
	Acct _____ Fund _____ DeptID _____	Prog _____	Proj _____	Chartfield 1 _____				Amt _____
	Acct _____ Fund _____ DeptID _____	Prog _____	Proj _____	Chartfield 1 _____				Amt _____
	Acct _____ Fund _____ DeptID _____	Prog _____	Proj _____	Chartfield 1 _____				Amt _____
	Acct _____ Fund _____ DeptID _____	Prog _____	Proj _____	Chartfield 1 _____				Amt _____
	Acct _____ Fund _____ DeptID _____	Prog _____	Proj _____	Chartfield 1 _____				Amt _____
	Acct _____ Fund _____ DeptID _____	Prog _____	Proj _____	Chartfield 1 _____				Amt _____
	Acct _____ Fund _____ DeptID _____	Prog _____	Proj _____	Chartfield 1 _____				Amt _____
								Total _____

Indicate % or amount of travel expenditures to be paid/reimbursed by non-UH third party (e.g., company): % \_\_\_\_\_ Amt \_\_\_\_\_

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

**Signatures and Dates**

<b>Employee/Student Traveler</b>	<b>Date</b>
Supervisor/Unit Head	Date
Certifying Signature	Date
Office of Research Policies, Compliance and Committees	Date
Provost/Vice President	Date
Chancellor	Date