



GRADUATE STUDENT TRAVEL REQUEST FORM

TRAVELER'S NAME	SAM ID	TODAYS DATE
EVENT NAME	EVENT LOCATION	
EVENT DATES BEGIN/END	TRAVEL BEGIN/END DATE	DATE RETURNING TO WORK/SCHOOL

BRIEF DESCRIPTION/PURPOSE OF TRAVEL: (Please explain how this trip benefits SHSU):

PRESENTING RESEARCH REQUESTING CJ VEHICLE DRIVING PERSONAL VEHICLE

IF TEACHING RESIDENTIAL, PLEASE LIST ARRANGEMENTS MADE FOR EACH CLASS WHILE AWAY:

CLASS (CRIJ)	DATE/TIME	ARRANGEMENTS MADE

I DO / I DO NOT REQUEST THE UNIVERSITY TO REIMBURSE MY TRAVEL EXPENSES. (Please check one)

ESTIMATED EXPENSE	AMOUNT	DETAILS
REGISTRATION FEE		
MILEAGE (.56)		
TOLL FEES		
PARKING		
GROUND TRANSPORTATION		
AIRFARE		
LODGING		# OF NIGHTS _____ X RATE PER NIGHT _____
Sharing a room with:		
MEALS		# OF DAYS _____
OTHER		
TOTAL ESTIMATED REQUEST		
COMMENTS		

SIGNATURES

_____ APPLICANT	_____ DATE
_____ DIRECTOR OF CJC GRADUATE PROGRAMS	_____ DATE
_____ DEPARTMENT CHAIR	_____ DATE

ADMINISTRATIVE OFFICE USE		
FUND	ORG	PROG
MAXIMUM AMOUNT AWARDED		
\$ _____		