

SAM HOUSTON STATE UNIVERSITY

Order # 048282
Status
(Travel Office Use Only)

ACTIONS: (1) Each faculty/staff prospective employee is required to complete this form for official approval to travel on university related business sufficiently in advance of departure date to allow for necessary processing. (2) Applications for foreign travel, excluding Mexico and Canada, should be received in the Travel Office at least 45 days prior to departure. (3) In cases where travel time exceeds 3 weeks Date prepared 5/16/2008

Name (first & last) : Vivian Carlson
Social Security Number :
Job Title : Clerk II
Department Name : Bearkat OneCard Services

Vice President For Student Services

MAY 16 2008

Sam Houston State University

Destination : College Station, TX Date(s) of Travel : 5/22/2008 5/22/2008

(city & state; include

Number of week days included in travel : 1 Date Returning to Work: 5/23/2008

Purpose of travel (use no abbreviations and include a statement showing how the trip will benefit the University)
Will travel to College Station TX. to attend a Skill Path Seminar at the Plaza Hotel & Suites. Skill Path Seminar attending is The Indispensable Assistant.

Carpool Arrangements - Persons who are applying for travel to the same destination on similar dates for similar purposes are requested to travel together. Only one person per a group of four may seek mileage reimbursement in such cases, unless a written

During this absence I assume responsibility for the following arrangements (if faculty — show class, time of meeting & suggeste Staff and student workes will remain in the Bearkat OneCard Office during my absence.

Yes No I request reimbursement for my travel expenses from the University.

\$50.70 Estimate of total amount of reimbursement for travel expenses (may include the following as applicable — airfare mileage, auto rental, parking fees, taxi, hotel, meals, registration fee).

Charge to Account Number 424-11-8200 and Account Name Bearkat OneCard Services

Vivian Carlson 5/16/08
APPLICANT SIGNATURE DATE

APPROVAL SIGNATURES

Account Manager _____ date _____

_____ date _____

Chairperson/Director [Signature] date 5/16/08

[Signature] date 5/16/08

_____ date _____

Distribution: Keep last copy (goldenrod) for file in originating department. Submit rest of form to Travel

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