University of Houston ~ Internal Travel Request
Department of Chemistry

Today's Date _____ **Domestic:** _____ **Foreign:** _____ NOTE: Foreign Travel Statement Addendum, Export Control Form, and Paid Airfare Itinerary are required with this request.

Traveler Name _____ _____ **Classification of Traveler**

Job Title _____ **UH Employee/Student ID** **UH Employee** _____ **(If paid by UH check this box)**

Phone _____ **UH Student** _____

Email _____

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 Travel Information - Employees Only

Will any days be spent on non-business activity? Yes _____ No _____ If yes, list dates of non-business activity: _____

Check appropriate answers that apply to you: PI with federal grant? Yes _____ No _____   Salary paid from federal grant? Yes _____ No _____

Currently teaching? Yes _____ No _____ If **yes**, complete next **3 fields**: **1)** Who will cover class(es) in absence: _____

2) Number of teaching days missed: _____ **3)** List class(es) missed: _____

Estimated Travel Expenditures

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

Third Party Information (if applicable): Will any travel expenses be covered by a third party? Yes _____ No _____   If **yes**, complete next **2 fields**:

1) Amount covered: % _____ $ _____   **2)** Name of third party entity: _____ **(attach supporting documentation)**

Itinerary
**If flying, travel departure/return dates must match departure/return dates on flight 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: Please read the following statements prior to signing

1) I understand that this is NOT a formal travel request. A formal travel request will be entered into the UH Concur Travel management system by a delegate in the Chemistry Business office by which electronic approval, by me, my supervisor, and a certifying signatory is needed to complete the request.

2) I understand that upon completion of travel a reimbursement request, including required documentation, must be submitted to the business office no later than 60 days after travel is completed. Requests submitted after 60 days will not be processed.

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