

Staff Travel Approval Request & Expense Worksheet

Staff Name: _____

Benefit to SHSU: _____

_____ Strategic Plan Alignment

Presenter Elected Member of the National or Regional Board

Conference/Event Information

Name: _____

Location: _____

Conference/Event Dates: _____

Registration Fee: _____ \$

Travel Dates

Departure: _____

Return: _____

Mode of Transportation

Personal Vehicle Carpooling

Rental Vehicle _____ \$

Flight _____ \$

Baggage Fee (Round Trip Total) _____ \$

Parking _____ \$

Mileage Reimbursement _____ \$

Taxi/Uber (Estimated) _____ \$

Overnight Travel Eligible

Hotel Lodging Total _____ \$

Is this a conference rate?

***If yes, please provide a printout for reconciliation.*

Meals Per Diem Total _____ \$

Eligible for Overnight Travel. Rate Calculation - GSA: <https://www.gsa.gov/>

Estimated Total Travel Costs _____ \$

FUNDING: F _____ **- O** _____ **- P** _____

Upon completion of travel, receipt should be submitted for each allowable expense.
Reconciliations must be completed within 30 days of return date.

Employee Signature: _____ **Date:** _____

Director Approval Signature: _____ **Date:** _____

AVP Approval Signature: _____ **Date:** _____

AVP Budget Check **Approver Comments:**

Available Funds \$ _____