

# ECE Travel Worksheet

Vendor ID: \_\_\_\_\_

## Do you have access?

PLEASE LOG IN TO P.A.S.S. TO VERIFY CONCUR ACCESS PRIOR TO SUBMISSION.

IF YOU HAVE NOT TRAVELED BEFORE, YOU MAY NOT HAVE A VENDOR ID. TRAVELERS **MUST** HAVE A VENDOR ID TO TRAVEL.

IF YOU ARE UNSURE, PLEASE EMAIL [ECETRAVEL@UH.EDU](mailto:ECETRAVEL@UH.EDU) FOR ASSISTANCE OR ASK THE FRONT DESK.

## Traveler Classification

- UH EMPLOYEE
- UH STUDENT
- UH GUEST

## Note to Travelers

IF YOU ARE USING A **RENTAL VEHICLE**, YOU WILL ONLY BE REIMBURSED FOR **GAS**, NOT MILEAGE.

IF YOU WILL BE USING A **PERSONAL VEHICLE**, YOU WILL BE REIMBURSED FOR **MILEAGE**, NOT GAS RECEIPTS. **PLEASE INCLUDE MAPQUEST.**

<p><b>TRAVELER INFORMATION</b></p> <p>Date Completed: _____</p> <p>Name: _____</p> <p>PSID: _____</p> <p>DOB: _____</p> <p>EMAIL: _____</p> <p>PHONE: _____</p>	<p>DATE RECEIVED BY ECE</p>          <p>Staff Use Only</p>
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### PURPOSE OF TRAVEL AND BENEFIT TO UNIVERSITY OF HOUSTON:

<b>TRIP INFORMATION</b>			
Domestic Travel	Submit worksheet <b>10 days</b> prior to travel		
Foreign Travel	Submit worksheet <b>30 days</b> prior to travel		
	Please contact <a href="#">Kiet Luong</a> if taking University-owned laptop/tablet per <a href="#">MAPP Policy</a> . Please include <a href="#">Export Controls &amp; Travel Embargo form</a> , <a href="#">Fly America</a> waiver if needed.		
Travel Destination(s): _____	Travel Departure Date: _____	Return Date: _____	
Registration Fee(s): \$ _____	Paid by ECE	Paid by Traveler	
Hotel Name: _____	Hotel Rate: _____	Paid by ECE	Paid by Traveler
Airfare Cost: \$ _____	Paid by ECE	Paid by Traveler	
Rental Car Cost: \$ _____	Paid by ECE	Paid by Traveler	
Taxi/Uber, Meals, Incidentals: _____			
<b>Special Circumstances, please indicate if applicable</b>			
<input type="checkbox"/>	A portion will be considered personal travel: Personal Days: _____		
<input type="checkbox"/>	A portion will be reimbursed by 3 <sup>rd</sup> party: Please indicate amount & Third Party Information: _____		
<input type="checkbox"/>	How will your classes be covered? Explain: _____		
<input type="checkbox"/>	Honorarium (if applicable): _____		



## ATTACHMENT CHECKLIST – Please provide the following with this worksheet.

- ITINERARY** FOR ALL TRAVEL DAYS
- AIRFARE ESTIMATE** PRINTOUT – INCLUDE CLASS OF TRAVEL (ECONOMY ONLY)
- CONFERENCE PROGRAM**, LETTER OF INVITATION, WEBSITE, OR OTHER DOCUMENTATION FOR TRAVEL
- SUPPORTING DOCUMENTATION/ESTIMATES FOR EXPENSES TO BE REIMBURSED** (REGISTRATION FEE, HOTEL, AIRFARE, RENTAL CAR, MEALS, GAS/MILEAGE WITH MAPQUEST, PARKING, INCIDENTALS)
- STUDENT TRAVEL ROSTER** IF NECESSARY (TRAVELING AS A GROUP/TEAM)
- MVR FORM** IF NECESSARY (DRIVING OWN VEHICLE OR RENTAL CAR)
- SPEED TYPE (SOURCE OF FUNDS) FOR PAYMENT (CONSULT YOUR PI):** ST \_\_\_\_\_

### ACKNOWLEDGEMENT

- I understand that the **travel request**, including required documentation and registration fee, must be approved before traveling. You will not be reimbursed if you do not have an approved travel request.
- I understand that the **reimbursement request**, including required documentation, **must be initiated in CONCUR no later than 60 days after travel** is completed. Reports submitted after 60 days WILL NOT be processed.
- I understand that I must **submit a TRIP REPORT within 15 days of my return** that describes the activities and meetings, including those individuals attending, and how the trip was beneficial for the University. **This is required for all travel.**

Traveler Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_