U	niversity of Houston	College of Archite	cture and Design	
	VISITOR T	RAVEL REQUEST F	ORM	
ļ ,	First time visitor at UH:	Yes No UH	Host's Name:	
			Date of Birth:	_
	Dates of Visit:	to	Depature City/State/Country	
stitution Name:	Email Address/Phone	::	Phone Number:	
Attach to this request (check all applica				
Airfare showing amount	quoted			
Invitation letter, if applic	-		Domestic	
	te showing dates and locat	ion of Lecture	Foreign	
Speaker Agreement Forn	<del>-</del>	_	_	
Will any days be spent primarily or	non husinoss activitios ( )	/os / No)2 (sircle one)		
If yes, give the date of non-busines	·			
Purpose/Benefit of trip:				
VISITOR EXPENSES				
Estimated Expenses	UH Direct Billed	For Reimbursement	Cost Center ( Speed Type)	
Airfare				
Lodging				
Rental Car				
Other Receipted Travel Expenses:				
Incidentals (Hotel Tax, parking, mileag	ge,etc.)			
Meals				
Other Transportation				
Total Expenses not to exceed:				
	·	•	ursed directly to the visitor. No expenses can be reimbursed	
			n the visitor's behalf. I also understand that the visitor mus	it
			meals, or buying meals for employees or other travelers.	
and supported with itemized receipts. The			sity guest must be in accordance with the agreement/cont	ract
My signature indicates my understa	nding of these statements:	Name:	Signature:	
NOTE:				
	mit the completed visitor r	equest form 15 business	days before the first date of the visit.	
	·	· ·	or request and the speaker agreement must be	
submitted four weeks before the f	•	, ,		
* If Traveler is both a non-employe		the Expense Report shou	uld be routed to UH Tax.	

Please email completed form and backup documentation to Thuy Mai, D.B.A ntmai2@Central.UH.EDU