

TRAVELER'S INFORMATION

Faculty / Staff <input type="checkbox"/>	Student Employee (job related) <input type="checkbox"/>	Student Employee (non-job related) <input type="checkbox"/>	Student <input type="checkbox"/>
Traveler's Name _____	CWID _____		
Title _____	Prepared by _____		
Department Name _____	Phone Number _____		
Department ID _____	E-mail _____		

BUSINESS TRIP DETAILS AND PREPAYMENT REQUEST

University Business Purpose of Trip _____

Trip Destination (city/state or city/country) _____

Trip Dates (departure date) _____ (return date) _____ Yes No

Is any portion of this travel personal? (Personal combined with international business travel may be subject to tax. Contact the Tax Compliance Mgr at ext 5671)

List date(s) and location of personal travel _____

Foreign Travel - Submit travel request 4 – 6 weeks prior to departure date (6 – 8 weeks prior to departure date for high hazard countries): Yes No

Have you obtained the required foreign travel liability insurance from the Office of University Risk Management? Any questions, call ext 7346.....

If no, complete Foreign Travel Liability Insurance Form. Link is <http://riskmanagement.fullerton.edu/InternationalTravel/Login.aspx>.

If country is deemed high hazard, travel will require Chancellor's Office approval. Office of University Risk Management will notify traveler.

Check appropriate box..... University P-Card Travel Prepayment (reg fee) Cash Posting Request

Travel Prepayment for Registration Fee (University check payable to vendor on the registration form / Attach a copy of the registration form):

Payable To: _____ Amount _____ Required Date _____

DEPARTMENT ID AND AMOUNT TO BE CHARGED

Account(6)	Fund(5)	Dept(5)	Program(4)	Class(5)	Project(8)		Amount
State Funds: _____	_____	_____	_____	_____	_____	(registration fees, attach copy of form).....	_____
State Funds: _____	_____	_____	_____	_____	_____	_____
State Funds: _____	_____	_____	_____	_____	_____	_____
State Funds: _____	_____	_____	_____	_____	_____	_____
IRA Funds (ASI): _____	_____	_____	_____	_____	_____	_____
CSFPF Funds: _____	_____	_____	_____	_____	_____	_____
CSUF ASC Project #: _____	<input type="checkbox"/>	* Sponsored Programs	<input type="checkbox"/>	** Other (describe) _____	_____	_____

* If using both State and ASC Sponsored Program funds, include explanation for use of state funds in Business Purpose of Trip. Total Amount Requested _____

** Other _____ Authorized Amount Not To Exceed (optional) _____

TRAVELER'S SIGNATURE

I HEREBY CERTIFY the above travel is necessary to conduct official business on behalf of California State University, Fullerton and agree to submit my Travel Expense Claim within 30 days from the return date.

I HEREBY CERTIFY THAT, IN DRIVING A VEHICLE FOR OFFICAL STATE BUSINESS, I have complied with the Requirements for Driving on University Business provided in the following link: <http://rmehs.fullerton.edu/DrivingOnCampus.asp> (Does not apply to Students or Student Employees - **Non-Job related**)

Will lodging exceed \$275 per night, excluding taxes, for travel in-state, out-of-state including Alaska, Hawaii and US possessions? (effective November 1, 2015) Yes No

If yes, describe the business purpose to stay within certain facilities at a rate above \$275. VP/Designee signature below will serve as pre-approval to exceed the rate.

TRAVELER'S SIGNATURE _____ DATE _____

APPROVAL SIGNATURES

I HEREBY CERTIFY a) I have authorization to approve in-state, out-of-state, international travel and lodging in excess of \$275 per night in accordance with the CSUF Travel Policy; b) this travel is necessary for conducting business on behalf of the University; c) if foreign destination is on the State Department's travel warning list, I have read and understand the travel warning for the country to which I am authorizing travel; d) travel will be in accordance with the CSUF Travel Procedures and Regulations; and, e) *state funds have not been used to subsidize any activities funded through sponsored programs.

ADMIN UNIT/DEPT CHAIR _____	DATE _____	AVP/ DEAN _____	DATE _____
VICE PRESIDENT/DESIGNEE _____	DATE _____		

PRESIDENT APPROVAL - Required for all international travel (including U.S. Possessions)

CSUF PRESIDENT/DESIGNEE _____ DATE _____