



This form must be completed prior to any University related travel. Please fill out form in its entirety and obtain necessary approval. Provide an approved copy for Safety & Risk, appropriate College/Unit, and submit original to the Travel Desk. For detailed information on CSU travel policies, please consult the Travel Guide located on the [PASS Website](#).

I. Traveler Information

Employee ID Number: _____	Requisition Number: _____
Employee Name: _____	Email Address: _____
Department: _____	Phone Number: _____
Contact Name: _____	Contact Phone Number: _____

II. Trip Information

Travel Type:	<input type="checkbox"/> In State	<input type="checkbox"/> Out of State	<input type="checkbox"/> Team Travel
	<input type="checkbox"/> International Travel <i>(must be approved 30 days prior to travel. Please see page 2 for additional requirements)</i>		
Travel Dates: _____	Destination: _____		
Purpose of Travel: _____			
How will your classes/duties be handled in your absence? _____			

III. Estimated Expenses

Transportation:	\$ _____
Registration, Tuition:	\$ _____
Lodging:	\$ _____
Meals:	\$ _____
Other:	\$ _____
Total:	\$ _____
Amount Approved:	\$ _____

Advance Requested:

Amount: _____	Date: _____
<i>In requesting this advance I recognize it as a debt due to the State of California, and I hereby authorize the amount to be deducted from my salary if not properly claimed or refunded within 30 days after the ending date of trip and/or training.</i>	
Traveler Signature: _____	Date: _____

IV. Chartfield String Information

Account:	Fund:	Dept ID:	Class (optional):	Project (optional):	Program (optional):	Amount:
Account:	Fund:	Dept ID:	Class (optional):	Project (optional):	Program (optional):	Amount:
Foundation Account: <i>(for informational purposes only)</i>						

V. Authorization Signatures

Traveler: _____	Date: _____
Supervisor/Department Chair: _____	Date: _____
Dean/AVP: _____	Date: _____
Vice President/Provost: <i>(required for all international travel)</i>	Date: _____

