

## TRAVEL AUTHORIZATION FORM

Name of Traveler: \_\_\_\_\_ NetID: \_\_\_\_\_ Department ID: \_\_\_\_\_  
 Email: \_\_\_\_\_ Department Contact/Preparer: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Traveler Category:  Faculty  Staff/Administration  Group  CSUEB Student  Prospective Student/Guest  
 Travel Type:  In-State  Out-of-State  International (*All international travel requires pre-approval of the President*)  
 Destination(s): \_\_\_\_\_  
 Travel Dates (to/from): \_\_\_\_\_ Personal Travel Dates (if any): \_\_\_\_\_  
 Business Purpose: \_\_\_\_\_

### POLICY INFORMATION

### TOTAL ESTIMATED EXPENSES

The *ICSUAM 3601.01 Policy* states, "It is the responsibility of each individual who spends funds related to official University business travel and for each administrator and approving authority who approves use of funds related to official business travel to be aware of and follow policy and procedures in effect at the time of travel" (CSU, 2019).

**Helpful links:**

[Systemwide CSU Travel Policy and Procedures](#) | [Systemwide CSU Travel Guidelines](#) | [Chancellor's Office Technical Letter](#) | [Foreign Travel](#) | [High Risk Area](#)

All faculty, staff and students traveling internationally on CSU business are required to use the Foreign Travel Insurance Program.

\*If using a privately owned vehicle, traveler must have: a) a current *Authorization to use Privately Owned Vehicle* form ([STD261](#)) on file with the University; b) the minimum liability insurance as required by State law; and c) satisfied the [Defense Driving Training requirements](#).

Meals: \_\_\_\_\_  
 Registration: \_\_\_\_\_  
 Lodging: \_\_\_\_\_  
 \*Transportation | Airfare | Parking: \_\_\_\_\_  
 Foreign Travel Insurance: \_\_\_\_\_  
 Other: \_\_\_\_\_  
 Total: \_\_\_\_\_

Fund	DeptID	Program	Class	Project

### APPROVALS

Requestor: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Approving Authority: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 PI/Dept. Approver (if any): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Foundation /Other Approver (if any): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If Division Vice President/President approval is required, please describe justification for travel policy exception and include expense amount in the space below.

VP/President: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### INTERNATIONAL TRAVEL

*ALL International Travel must be pre-approved by the University President and must be submitted 60 days prior to travel.*

Travel Advisory Level: \_\_\_\_\_ *How? Enter Country or area in search bar: [travel.state.gov](http://travel.state.gov)*  
 Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Or you may provide this information directly to: [ann.rivas@csueastbay.edu](mailto:ann.rivas@csueastbay.edu)  
 President: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_