

TRAVEL AUTHORIZATION FORM

TRAVELER INFORMATION	
Name of Traveler: _____	NetID: _____
Department Contact/Preparer (if other than yourself): _____ Extension: _____	
Department ID: _____	
Traveler Category: <input type="checkbox"/> Faculty <input type="checkbox"/> Staff/Administration <input type="checkbox"/> Group <input type="checkbox"/> CSUEB Student <input type="checkbox"/> Prospective Student/Guest	

TRIP INFORMATION	
Travel Type: <input type="checkbox"/> In-State <input type="checkbox"/> Out-of-State <input type="checkbox"/> International <i>(All international travel requires pre-approval of the President)</i>	
Destination(s): _____	
Travel Dates (to/from): _____ Personal Travel Dates (if any): _____	
Business Purpose: _____	

TOTAL ESTIMATED EXPENSES	POLICY INFORMATION
<p style="text-align: center;">Meals: _____</p> <p style="text-align: center;">Registration: _____</p> <p style="text-align: center;">Lodging: _____</p> <p style="text-align: center;">*Transportation Airfare Parking: _____</p> <p style="text-align: center;">Other: _____</p> <p style="text-align: center;">Total: _____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px; width: fit-content;"> Fund Code to be Used: </div> <p style="font-size: small; margin-top: 10px;">*If using a privately owned vehicle, traveler must have: a) a current <i>Authorization to use Privately Owned Vehicle</i> form (STD261) on file with the University; b) the minimum liability insurance as required by State law; and c) satisfied the State Defense Driver Training requirements.</p>	<p>The <i>ICSUAM 3601.01 Policy</i> 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).</p> <p>Below are some helpful links:</p> <p>Systemwide CSU Travel Policy and Procedures</p> <p>Systemwide CSU Travel Guidelines</p> <p>Foreign Travel</p> <p>High Risk Area</p> <p>Chancellor's Office Technical Letter</p>

ACKNOWLEDGEMENT		
Requestor Name: _____	Signature: _____	Date: _____
Approving Authority Name: _____	Signature: _____	Date: _____
PI/Dept. Approver Name (if any): _____	Signature: _____	Date: _____
Foundation/Other Approver Name (if any): _____	Signature: _____	Date: _____

President Approval (For International Travel) - ALL International Travel must be pre-approved by the University President and must be submitted 60 days prior to travel.		
President Name: _____	Signature: _____	Date: _____

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

VP Name: _____	Signature: _____	Date: _____
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