

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 _____	CWD _____
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) _____
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) <input type="radio"/> Yes <input type="radio"/> No
List date(s) and location of personal travel _____
<b>Foreign Travel</b> (Submit travel request 4 - 6 weeks prior to departure date): <span style="float: right;">Yes No</span>
Have you obtained the required foreign travel liability insurance from the Office of University Risk Management? <input type="radio"/> Yes <input type="radio"/> No
If no, contact: Office of University Risk Management at ext 7346. If country is deemed high hazard; travel will require Chancellor's Office approval. Office Of University Risk Management will notify department.
Check appropriate box: University P-Card <input type="checkbox"/> Travel Prepayment (reg fee) <input type="checkbox"/> Cash Posting Request <input type="checkbox"/>
<b>Travel Prepayment for Registration Fee</b> (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	
State Funds: _____ (registration fees, attach copy of form) _____	Amount _____
State Funds: _____	Amount _____
State Funds: _____	Amount _____
Account(6) Fund(5) Dept(5) Program(4) Class(5) Project(8)	
CSUF ASC Funds: _____	Amount _____
CSFPF Funds: _____	Amount _____
IRA Funds (ASI): _____	Amount _____
<b>Total Amount Requested</b>	_____
<b>Authorized Amount Not To Exceed (optional)</b>	_____

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: <a href="http://rmehs.fullerton.edu/DrivingOnCampus.asp">http://rmehs.fullerton.edu/DrivingOnCampus.asp</a> (Does not apply to Students or Student Employees - Non-Job related)
Will lodging exceed \$175 per night, excluding taxes, for travel in-state, out-of-state including Alaska, Hawaii and US possessions? <input type="radio"/> Yes <input type="radio"/> No
If yes, describe the business purpose to stay within certain facilities at a rate above \$175.00. 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 \$175 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.	
ADMIN UNIT/DEPT CHAIR _____	DATE _____
VICE PRESIDENT/DESIGNEE _____	DATE _____
<b>PRESIDENT APPROVAL - Required for all international travel (including U.S. Possessions)</b>	
CSUF PRESIDENT/DESIGNEE _____	DATE _____