

TRAVEL REQUEST

for non-employees only



AP USE ONLY:

Traveler's Information	
NAME OF TRAVELER	TRAVELER TYPE
DEPARTMENT	NAME OF PREPARER (IF DIFFERENT)
POSITION	DATE(S) OF TRAVEL
PURPOSE OF TRIP	FROM-TO:

Trip Details
Select one: In-state travel Out-of-state travel International travel - Submit International Travel Authorization Form Insurance only (do not submit for TAP-funded trips)

Estimated Expenses & Payment Methods			
	Amount	Payment Method	
Registration			If using other than standard mode of transportation or an alternate route, a Travel Cost Comparison must be submitted with this form.
Transportation			
Rental Vehicle			For direct payments, please attach backup (invoice, itinerary, registration form)
Lodging			
Mileage		Reimbursement	
Meals		Reimbursement	
Total Estimate			

ACCOUNT	FUND	DEPT ID	PROGRAM	CLASS	PROJECT
Maximum allowable:					
Maximum allowable:					

Traveler's Signature	
SIGNATURE OF TRAVELER*	DATE

Approval (for all travel)		
NAME OF FISCAL OFFICER:	SIGNATURE OF FISCAL OFFICER*:	DATE

Approval for hotel over \$275 and International Travel		
NAME OF VICE PRESIDENT	SIGNATURE OF VICE PRESIDENT*	DATE

International travel must be approved by the President		
NAME OF PRESIDENT	SIGNATURE OF PRESIDENT*	DATE

*I HEREBY CERTIFY that this travel is in accordance with the CSU Travel Policy and CSUDH Travel Procedures and agree to adhere to all applicable requirements, including those in the resources below.

RESOURCES		
CSU Travel Policy	State Defensive Driver Training requirements	Authorization to use Privately Owned Vehicle
CSUDH Travel Procedures	State Department's Travel Warning List	CSU War Risk Country list

Submit final/approved Travel Request to travel@csudh.edu

Allow 4 business days for issuance of travel #

REV 3/8/2024