



Travel Request

Accounting Services
1000 E. Victoria St. WH 430
Carson, CA 90747
310-243-3807

Blanket Travel Regular Travel Group Travel

Name of Traveler: _____ Travel Request No.: _____

Contact Person: _____ Extension: _____ Department: _____

Purpose of Trip: _____ Conference Meeting Training

Destination: _____ In-State Out-of-State* International**

Date(s) of Trip: _____

TRAVEL EXPENSES:	Estimated Expenses
Meals	_____
Airfare/ Transportation	_____
Lodging	_____
Registration	_____
Other	_____
Total:	_____

Conference Registration to be paid by Accounting Services? Yes (forms attached) No

***Out-of-State Travel Only:**
Effective January 1, 2017, as a result of Assembly Bill 1887, CSU is restricted from requiring employees to travel to certain states. Additionally, CSU is prohibited from approving state-funded travel to those states, unless the travel meets one of the seven exceptions. For a complete list of affected states, visit the California State Attorney General's website, <https://oag.ca.gov/ab1887>. Travelers and approvers are required to check the website for the current list when planning out of state travel.

AG list of AB1887 affected states reviewed? _____ (Traveler's initials); _____ (Approver's initials)
My destination is NOT on AG list.

My destination IS on AG list.

➔ My travel purpose meets AB1887 exception.

No. State funds may not be used.
 Yes (VP approval required) ➔ Exception # _____
(Required) Brief justification for your exception: _____

Student Group Travel Only:

Number of Students Traveling _____

Amount of Advance Requested _____

Date Advance Needed _____

Note: Attach a list of student names. Each student must complete [Release of Liability form](#). If travelling to an AB1887 state, attach signature of agreement to travel for each student.

****International Travel Only:** Submit [International Travel Authorization form](#).

Is hotel rate over \$275 per night? Yes (Attach justification memo. VP approval required.) No

I have familiarized myself with the [CSU Travel Policy](#) and procedures and will adhere accordingly.

EMPLOYEES: I HEREBY CERTIFY that I am currently a California State University employee. If I am using a privately owned vehicle, I, a) have a current "Authorization to use Privately Owned Vehicle" form ([STD 261](#)) on file with the University; b) have the minimum liability insurance as required by State law; c) I have satisfied the [State Defensive Driver Training requirements](#).

In the event that a travel advance is issued to me, I understand that the University may deduct any uncleared amount from a subsequent paycheck.

Requestor Name and Title: _____ Date: _____

Signature of Requestor: _____ CSUDH Employee Non- CSUDH Employee

Account	Fund	Dept ID	Program	Class	Project
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Approval (for all travel)

Director/Dean/Dept Head Name: _____

Director/Dean/Dept Head Signature: _____ Date: _____

Second Approval (for hotel above \$275, International Travel, and travel to a state on the AG AB1887 web list)

Vice President/Designee Name: _____

Vice President/Designee Signature: _____ Date: _____

Third Approval (for International Travel) - All international travel must be approved by the President.

President Name: _____

President Signature: _____ Date: _____

This form should be in the Accounting Office prior to your departure.
Within **SIXTY DAYS (60)** of the completion of your trip a Travel Expense Claim (STD 262) must be filed with the Accounting Office.