

TRAVEL REQUEST

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	DESTINATION


Trip Details
<p>Select one:</p> <p>Blanket travel (in-state travel without an overnight stay)</p> <p>In-state, single trip</p> <p>Out-of-state travel - Complete Out-of-State Travel Addendum (page 2) and review State Travel Restrictions</p> <p>International travel - Submit International Travel Authorization Form</p> <p>Insurance only (do not submit for Foundation-funded trips)</p>


Estimated Expenses & Payment Methods	Advance (Group Travel only)																
<table border="1"> <thead> <tr> <th>Amount</th> <th>Payment Method</th> </tr> </thead> <tbody> <tr> <td>Registration</td> <td></td> </tr> <tr> <td>Transportation</td> <td></td> </tr> <tr> <td>Rental Vehicle</td> <td></td> </tr> <tr> <td>Lodging</td> <td></td> </tr> <tr> <td>Mileage</td> <td>Reimbursement</td> </tr> <tr> <td>Meals</td> <td>Reimbursement</td> </tr> <tr> <td>Total Estimate</td> <td></td> </tr> </tbody> </table>	Amount	Payment Method	Registration		Transportation		Rental Vehicle		Lodging		Mileage	Reimbursement	Meals	Reimbursement	Total Estimate		<p>Advance requested for group travel? NO YES</p> <p>Amount requested: _____</p> <p>Date advance needed: _____</p> <p>Number of students traveling: _____</p> <p><i>For employees who have not signed up for direct deposit, checks for advance requests will be mailed to the home address on file with Accounts Payable.</i></p> <p><i>Advances for group travel may be up to 80% of total estimated travel expenses.</i></p> <p><i>Attach a list of student names. Each student must submit Release of Liability form to Risk Management.</i></p> <p><i>If traveling to a state that AB1887 restricts the CSU from requiring travel to, attach signature of agreement to travel for each student.</i></p>
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Total Estimate																	
<p>If using other than standard mode of transportation or an alternate route, a Travel Cost Comparison must be submitted with this form.</p> <p>For direct payments, please attach backup (invoice, itinerary, registration form)</p>																	


ACCOUNT	FUND	DEPT ID	PROGRAM	CLASS	PROJECT


Maximum allowable: _____

Maximum allowable: _____

Traveler's Signature	
SIGNATURE OF TRAVELER*	DATE
	

Approval (for all travel)		
NAME OF AUTHORIZED APPROVER	SIGNATURE OF AUTHORIZED APPROVER*	DATE
		

Approval for hotel over \$275, International Travel, and travel to a state restricted by AB1887		
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 completed Travel Request to travel@csudh.edu

REV 8/23/22

Out-of-State Travel Addendum

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 that AB1887 identifies. 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.

☐ My destination is NOT on AG list:

Proceed with Travel request. No signature needed on this page.

☐ My destination IS on AG list:

My travel does not meet an AB1887 exception.

STOP. Travel not permitted using State funds. Please consult with your Department.

My travel purpose meets AB1887 exception # ____ .

Brief description of how my travel falls under the above exception #:



Signature of traveler

Date



Signature of approving authority

Date