

TRAVEL REQUEST

for non-employees only

AP USE ONLY:	
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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
<p>Select one:</p> <ul style="list-style-type: none"> 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	_____	
Transportation	_____	
Rental Vehicle	_____	
Lodging	_____	
Mileage	_____	Reimbursement
Meals	_____	Reimbursement
Total Estimate	_____	

If using other than standard mode of transportation or an alternate route, a [Travel Cost Comparison](#) must be submitted with this form.

For direct payments, please attach backup (invoice, itinerary, registration form)

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

Approval (for all travel)		
NAME OF FISCAL OFFICER:	SIGNATURE OF FISCAL OFFICER*: 	DATE
Approval for hotel over \$333 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 #