



REQUEST FOR AUTHORIZATION TO TRAVEL / Travel Advance

Instructions:

A. Complete this form and submit it to the appropriate administrator for approval prior to making reservations.

B. If no travel Advance is being requested, attached the completed and approved form to the travel claim upon your return. Note that all travel claims must be submitted to Accounts Payable within 30 days of the trip's end.

1. Traveler's name: _____ SF State ID: _____ Phone No: _____

2. Address: _____

3. Email: _____ Purpose of Travel: _____

4. Destination: _____ Mode of Travel: _____

5. Conference start and end date: _____ Departure Date: _____ Return Date: _____

6. Subsistence: _____ Day(s) at \$ _____ Per Day _____ Total \$ _____

Registration fees: _____ Airfare: _____ Lodging*: _____ Other (Specify): _____

7. Total estimated cost of trip (include direct billed airfare or vehicle): _____

8. ChartField to be charged: Fund _____ Dept _____ Program _____ Class _____ Project _____

9. I request authorization to travel as documented above.
 Signature of Traveler _____ Date: __/__/__

10. I request a Travel Advance to be used for University Business in the amount of \$ _____ (available only for international trips). Failure to substantiate expenses and return any unused cash advance amounts, the University is obligated under IRS regulations to consider such amount as income to the employee and will be reported through payroll system as additional wages to the employee.
 Disposition of TravelAdvance Check: Mail _____ Pick up _____

Signature of Traveler: _____ Date: _____

11. In approving this travel request, I certify that: 1) If a motor vehicle is used, the employee has completed a defensive driving class and has a current defensive driver card and, 2) if a private motor vehicle is used, the employee has a current Form Std, 261 Athorization to Use Privatly Owned Vehicle on State Business on file in the department.

Dept ChairName: _____ Signature: _____ Date: __/__/__

Dean/Admin Name: _____ Signature: _____ Date: __/__/__

ORSP Approver: _____ Signature: _____ Date: __/__/__

Additional Approvals for Foreign Travel Risk

Risk Management: _____ Signature: _____ Date: __/__/__

Vice president: _____ Signature: _____ Date: __/__/__

President: _____ Signature: _____ Date: __/__/__

Chancellor: _____ Signature: _____ Date: __/__/__

*Pre-Authorization For Exception to the Travel Policy (e.g. Hotel Rate) Please use the attached form. **

**SAN FRANCISCO STATE UNIVERSITY
AUTHORIZATION FOR EXCEPTION TO THE TRAVEL POLICY**

1 Name of the individual on whose behalf the exception is sought:

2 Nature of the exception:

Cost exceeds maximum rate:

Other deviation from the policy (specify):

3 Justification for the exception:

Explain below why the higher cost or other deviation from the policy is necessary to achieve the University business purpose.

4 Approval (must be the President or a Vice President):

Name:

Title:

Signature:

Date: