

**CALIFORNIA STATE UNIVERSITY, LONG BEACH
REQUEST FOR TRAVEL AUTHORIZATION AND ADVANCE**

Reference Number: _____ (Description) PO Number: _____ Request Date: _____

EMPLOYEE INFORMATION

1. Employee Name: _____ 2. Department: _____
 Address: _____ City: _____ State: _____ Zip: _____
 3. Employee ID # _____ 4. Vendor # _____ 5. Telephone # _____

TRIP INFORMATION

Please Mark One Box: In State Out-of-State **Out of Country** (Academic Departments Only: Provost Signature Required)

1. Name of Organization / Association Event: _____
 2. Travel Dates: From _____ To _____ 3. Trip Destination: _____
 4. Purpose of the Trip: _____
 5. Transportation Mode: (please mark one box) Yes No **Giselle's Fax**
 Private Vehicle State Vehicle Rental Car Air: **Reservation via Giselle's?** **208-338-6023**
 6. If Travel by Air, Name of Departing Airport: _____ One-way Round-trip

FUNDING SOURCE

Source of Funding: (please mark one box)
 General Fund (GF) Trust Fund IRA Parking Other _____
 CERF Lottery Housing

Amount	Account	Fund	DeptID	Program	Class	Project/Grt
Total GF/Special Fund Amount						

<u>Foundation Acct #(s)</u>	<u>Authorized Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Foundation Amount	\$ _____

(Optional - please attach a copy of your travel estimation worksheet)

SIGNATURE & APPROVAL PROCESS

 Traveler's Signature Date Dept Chair / Manager / Director Date

 College / Unit ASM Date Division Fiscal Officer / ASM Date

 Division Executive Date Other Required Signature Date

TRAVEL ADVANCE REQUEST

(Only Applicable for International Travel)

Amount Requested: _____ Needed By: _____ Call: _____ for pick up. Ext: _____

STATEMENT OF EMPLOYEE'S RESPONSIBILITY

I, the undersigned, hereby acknowledge my responsibility to clear this advance within 30 days after the end of the trip. I further understand that any uncleared advance may result in taxable income to me.

Employee's Signature: _____ Employee ID #: _____ Date: _____

FOR ACCOUNTS PAYABLE USE ONLY

Airfare --> Payee: _____ Voucher # _____ Date: _____ Amount: _____
Registration --> Payee: _____ Voucher # _____ Date: _____ Amount: _____
Other --> Payee: _____ Voucher # _____ Date: _____ Amount: _____

**CALIFORNIA STATE UNIVERSITY, LONG BEACH
TRAVEL ESTIMATION WORKSHEET**

Employee Name: _____

Employee ID# _____

Reference Number: _____
(Description Field in PS)

PO # _____

Estimated Travel Costs

Airfare

Paid by employee to be reimbursed later **OR**

Airfare directly billed to University by Giselle's*

(A)

Other Modes of Transportation

Private Vehicle State Vehicle Other
_____ miles X 0.505 cents per mile

Lodging including room tax

Amount per day _____ X _____ days

Rental Car

Meals and Incidentals

\$55 per 24 hours X _____ days

Other Miscellaneous

Parking, Shuttles, taxis

Registration/Conference Fees

Paid by employee to be reimbursed later **OR**

Fees to be paid directly by University (Do Not include fees paid with Procurement Card)

(B)

Total Authorized Amount:

Total Authorized Amount Less (A) + (B) equals Expenses Paid by Employee:

(C)

(C) times 80% equals Advance Amount for International or Domestic Student Groups:

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*Giselle's is the campus contract travel agency which will directly bill Accounts Payable.
Their phone number is 800-388-3238 or campus extension x5-4000.