



CALIFORNIA STATE UNIVERSITY, LONG BEACH
REQUEST FOR TRAVEL



Dept Reference Number: (Line Description)

Request Date:

Employee Name: LAST NAME FIRST NAME

Department:

Employee ID #

Campus Extn:

Name of Organization / Association Event:

Purpose of the Trip:

Travel Dates: From To Trip Destination:

Provost Signature Required for International Itineraries (Academic Departments Only)

Please check if travel is direct billed through Giselle's: Airfare * Rental Car *

*If using Giselle's for airline or rental car, fax copy to Giselle's 208-338-6023 and Accounts Payable 562-985-1702

Funding Source: General Fund Trust Fund IRA Parking CERF Lottery Housing Other

Table with 7 columns: Amount, Account, Fund, DeptID, Program, Class, Project/Grt

Foundation Acct #(s) Authorized Amount
Total Foundation Amount

Travel Advance Request (International Travel & Student Group Travel Only)

(If cash advance is requested, submit form to AP for processing.)

Advance Amount Requested: Needed By: Call: for pick up. Ext: (No earlier than 10 days prior to departure)

STATEMENT OF EMPLOYEE'S RESPONSIBILITY

I, the undersigned, hereby acknowledge my responsibility to clear any advance (including cash advances and Giselle's airfare) within 30 days after the end of the trip. I further understand that any uncleared advance may result in taxable income to me.

Traveler's Signature Date Approving Signature Date
Other Signature Date For Academic Depts: Travel within US
Other Signature Date For Academic Depts: International Travel

Travel Agency Notes/Requests:

Contact/Arranger Name: (For Ticketing/Billing Issues)

Contact/Arranger Extension:

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

Employee Name: _____

Employee ID# _____

Reference Number: _____

PO # _____

(Description Field in PS)

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 0.55 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

_____ (B)

(Do Not include fees paid with Procurement Card)

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:

*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.