



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 60 days of the trip's end.

1. Traveler's name: _____ SFSU ID _____ Phone No: _____

2. Address: _____

3. Email: _____ Purpose of Travel: _____

4. Destination: _____ Mode of Travel: _____

5. Travel Start and End Dates: _____ Departure Date: _____ Return Date: _____

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

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

8. Total estimated cost of trip (include direct billed airfare, hotel and/or vehicle): _____

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

10. I request authorization to travel as documented above. I certify that: (1) If a motor vehicle is used, I have completed a defensive driving class and, (2) If a *private* motor vehicle is used, I have a current Form STD 261 Authorization to Use Privately Owned Vehicle on State Business on file.

Signature of Traveler _____ Date: _____

11. 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 Travel Advance Check: _____ Mail _____ Pick Up _____

Signature of Traveler: _____ Date: _____

Dept Chair Approver: _____ Signature: _____ Date: _____

Dean/Admin 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: