



This form must be completed prior to any University related travel. Please fill out form in its entirety and obtain necessary approval. Provide an approved copy for Safety & Risk, appropriate College/Unit, and submit original to the Travel Specialist. For detailed information on CSU travel policies, please consult the Travel Guide located on the [PASS Website](#).

I. Traveler Information

Employee ID Number: _____	Requisition Number: _____
Employee Name: _____	Email Address: _____
Department: _____	Phone Number: _____
Contact Name: _____	Contact Phone Number: _____

II. Trip Information

Travel Type:	<input type="checkbox"/> In State	<input type="checkbox"/> Out of State	<input type="checkbox"/> Team Travel
	<input type="checkbox"/> International Travel <i>(must be approved 30 days prior to travel. Please see page 2 for additional requirements)</i>		
Travel Dates: _____	Destination: _____		
Purpose of Travel: _____			
How will your classes/duties be handled in your absence? _____			

III. Estimated Expenses

Transportation:	\$ _____
Registration, Tuition:	\$ _____
Lodging:	\$ _____
Meals:	\$ _____
Other:	\$ _____
Total:	\$ _____
Amount Approved:	\$ _____

Advance Requested:

Amount: _____	Date: _____
<i>In requesting this advance I recognize it as a debt due to the State of California, and I hereby authorize the amount to be deducted from my salary if not properly claimed or refunded within 30 days after the ending date of trip and/or training.</i>	
Traveler Signature: _____	Date: _____

IV. Chartfield String Information

Account:	Fund:	Dept ID:	Class (optional):	Project (optional):	Program (optional):	Amount:
Account:	Fund:	Dept ID:	Class (optional):	Project (optional):	Program (optional):	Amount:
Foundation Account: <i>(for informational purposes only)</i>						

V. Authorization Signatures

Traveler: _____	Date: _____
Supervisor/Department Chair: _____	Date: _____
Dean/AVP: _____	Date: _____
Vice President/Provost: <i>(required for all international travel)</i>	Date: _____



Traveler Name: _____ Requisition Number: _____

VI. For International Travel Only

This travel is part of a faculty-led program or a study abroad program where travel insurance is included in the cost of the program. (Do not complete the section below)

Name of Program: _____

Effective May 5, 2008, the International Travel Insurance Program (ITIP) requires insurance on all international travelers (faculty, staff, or student). International travel insurance details can be found at the University Risk & Compliance (http://www.sjsu.edu/hr/docs/risk/policies/ins_foreign_travel.pdf) website. The cost is as follows:

Faculty/Staff: 15 days of travel or less per employee/per trip - \$60
30 days of travel or less per employee/per trip - \$75 Student: 15 days of travel or less per student/per trip - \$50
30 days of travel or less per student/per trip - \$60

For trips longer than 30 days, please contact the University Risk & Compliance Office at 4-2250. Traveler Initials _____

Important: Insurance premiums should not be included on the travel claim. Premiums will be recharged to the traveler's department/unit. Please provide the chartfield string to be billed below:

Account:	Fund:	Dept ID:	Class (optional):	Project (optional):	Program (optional):	Insurance Amount:
660010						

Distribution

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