

This form must be completed prior to any university related travel by non-SJSU employees. Fill out form in its entirety and obtain necessary approval. For detailed information on CSU travel policies, please consult the [Travel Guide](#)¹ located in the Finance website. Attach the original and completed Travel Approval Request form with the Travel Reimbursement Request. For SJSU employees, please submit a Travel Authorization request online in [FTS](#)².

I. Department

Department: _____	Contact Name: _____
Phone Number: _____	Email: _____
Reference Number ³ : PTR _____	

II. Traveler

Name: _____	Email: _____
Phone Number: _____	
University Affiliation: _____	Other (specify): _____
Auxiliary Employee Student	

III. Trip Information

a. Travel Type:	Business Related	Team Travel	Field Supervision Travel
	Travel Paid by Non-University Funds		
b. Destination:	In State	Out of State	International Travel ⁴
c. City/State/Country: _____	Travel Dates: _____		
d. Purpose of Travel: _____			

IV. Estimated Expenses

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

V. Advance Requested

For international travel only. Restrictions apply. Generally not available to non-SJSU employees. Request granted on a case by case basis.

Amount: \$ _____

Traveler Signature: _____

Date: _____

VI. Funding Source/Chartfields

	Account	Fund	DeptID	Class (optional)	Project (optional)	Program (optional)	Amount
a.							
b.							

c. **If this trip is funded by Foundation, indicate the account number⁵:** _____

¹ http://www.sjsu.edu/fabs/docs/travel_guide.pdf

² one.sjsu.edu

³ Prefix is PTR and department assigns the number. Suggested format for number is DeptID – Fiscal Year – Number Sequence. Examples: PTR1533-2016-1 and PTR1533-2016-2. Fiscal Year is the first year of the period; for example: 2016 is fiscal year 2016-2017 and 2017 is 2017-2018.

⁴ Must be approved 30 days prior to travel. Refer to page 2 for additional requirements.

Traveler Name: _____ **Reference Number: PTR** _____

VII. Authorization Signatures

a. Traveler:	_____	Date:	_____
b. Supervisor/Department Chair:	_____	Date:	_____
Supervisor/Department Chair (print name):	_____		
c. Dean/AVP:	_____	Date:	_____
Dean/AVP (print name):	_____		
d. Vice President/Provost ⁶ :	_____	Date:	_____
Vice President/Provost (print name):	_____		
e. President ⁷ :	_____	Date:	_____
President (print name):	_____		

VIII. For International Travel Only

Insurance is required for SJSU employees on international travel. For information, please contact the University Risk Manager in the [Finance and Business Services Office](#)⁸ at 408-924-2159.

Is this travel part of a faculty-led program or a study abroad program where travel insurance is included in the program?

Yes No

IX. Distribution of Form

College/Department/Unit (copy)

University Risk Manager, email copy to foreign-travel-insurance@sjsu.edu

Payment Services Travel Specialist, email to non-employee-travel@sjsu.edu

⁵ For informational purposes only.

⁶ Required for international travel and/or when lodging exceeds \$275 per night.

⁷ Required for international travel.

⁸ <https://www.sjsu.edu/fabs/services/risk/index.php>