



Name of Traveler: _____ NetID: _____
 Department Contact/Preparer (if other than yourself): _____ Extension: _____
 Department ID: _____
 Traveler Category: Faculty Staff/Administration Group CSUEB Student Prospective Student/Guest

Travel Type: In-State Out-of-State International (*All international travel requires pre-approval of the President*)
 Destination(s): _____
 Travel Dates (to/from): _____ Personal Travel Dates (if any): _____
 Business Purpose: _____

<p>Meals: _____ Registration: _____ Lodging: _____ *Transportation Airfare Parking: _____ Other: _____ _____</p> <div style="border: 1px solid black; width: 200px; height: 20px; margin: 10px 0;"></div> <p>*If using a privately owned vehicle, traveler must have: a) a current <i>Authorization to use Privately Owned Vehicle</i> form (STD261) on file with the University; b) the minimum liability insurance as required by State law; and c) satisfied the State Defense Driver Training requirements.</p>	<p>The <i>ICSUAM 3601.01 Policy</i> states, "It is the responsibility of each individual who spends funds related to official University business travel and for each administrator and approving authority who approves use of funds related to official business travel to be aware of approve's <i>use of funds</i>"</p> <p>Chancellor's Office Technical Letter</p>
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Requestor Name: _____	Signature: _____	Date: _____
Approving Authority Name: _____	Signature: _____	Date: _____
PI/Dept. Approver Name (if any): _____	Signature: _____	Date: _____
Foundation/Other Approver Name (if any): _____	Signature: _____	Date: _____

ALL International Travel must be pre-approved by the University President and must be submitted 60 days prior to travel.

President Name: _____ Signature: _____ Date: _____

If Division Vice President approval is required, please describe justification for travel policy exception and include expense amount in the space below.

VP Name: _____ Signature: _____ Date: _____