



Clear Form

REQUEST FOR AUTHORIZATION TO TRAVEL

To display the authorization form, please select Item 1 - 4 (Domestic Travel) or 1 - 5 (International Travel) below:

1. Traveler Category: <input type="checkbox"/> Faculty (Complete <u>Class Coverage</u> in Appendix) <input type="checkbox"/> Staff/Administration <input type="checkbox"/> Group Travel (Attach Release of Liability) <input checked="" type="checkbox"/> Students (Attach Release of Liability)		2. Travel Type: <input type="checkbox"/> Domestic Travel <input type="checkbox"/> International <input checked="" type="checkbox"/> Travel (Click for more information)		3. Is this an expense to be paid by Foundation ("W" Fund)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		4. Document Type: <input checked="" type="checkbox"/> New Document <input type="checkbox"/> Revised <input type="checkbox"/> Cancel Travel		5. Are you traveling internationally to a High Risk Area? (If yes, Complete and Attach Chancellor Office's Approval Form) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Traveler/Group Leader			Phone Number		Department/Position				
Student's First and Last Name			Preferred #		Center for Student Research				
Traveler's Email			Travel Arranger's Name		Travel Arranger's Email				
Student's email address			N/A		N/A				
Destination						Travel Dates			
Country	Austria	State		City	Vienna	From	07/10/17	To	07/15/17
+ - (Click to add (or subtract) destination line above if traveling to multiple destinations)									

Purpose of the Trip / Comments

I am a graduate student pursuing my degree in Environmental Studies. My abstract was accepted at the European Geosciences Union general assembly conference in Vienna, Austria. The conference will take place from July 10th to July 15th 2017. I received a travel grant for \$1,000 from the Center for Student Research, and will pay for the amount that exceeds this grant.

Mode of Transportation (check all that apply):

☒ Commercial Air Carrier ☐ Rental Vehicle ☐ State Vehicle ☐ Other: _____
☐ Private Vehicle (Attach Form "Student Authorization to Operate Privately Owned Vehicle")

Please note: If you will be driving, you must have a current **Defensive Driving Training** certification or complete one before obtaining authorization to travel.

Chartfield String

(Go to the Travel Estimator Worksheet in the Appendix section to calculate the amounts)

Account		Fund	DeptID	Program	Class	Project	Amount
660010 Insurance Expense							
606002 Travel-Out of State							\$1,505.00
+	-	Total (must match Total Estimated Cost below):					\$1,505.00
Total Estimated Cost from the Travel Estimator Worksheet:							\$1,505.00

Please note: 1) Insurance Premiums vary depending on travel categories and duration of travel. Please visit the Foreign Travel website for more information.
 2) Actual insurance costs are dependent upon the duration and destination of travel. Please consider this expense in travel planning.

Signatures

By signing below, I certify that I have read and agree to follow and be bound by the CSUEB Travel Policy. I will complete and submit a valid travel expense claim within 30 days following the conclusion of this trip. I certify that if I am driving, I have completed and am current on my Defensive Driving Training certification.

Traveler/Group Leader's Name (Print) Student's First and Last Name Signature _____ Date: _____

By signing, I certify that I have read and complied with the Approving Authority Responsibility section of the CSUEB travel policy and that the traveler/group leader has completed all forms required by the CSUEB travel policy. (Approving Authority is defined as a person to whom authority has been delegated in writing to approve expenses in accordance with University policy.)

Approving Authority's Name (Print) CSR Director's Name Signature _____ Date: _____

PI/Dept Approval, If Any, Name (Print) Signature _____ Date: _____

+ - (Click to add (or subtract) lines if additional PI/Department Approval signatures are required)

Provost's Name (Print) Provost's Name Signature _____ Date: _____

President's Name (Print) President's Name Signature _____ Date: _____

Once all approval signatures have been obtained:

- Department is required to retain the original for 4 fiscal years and is subject to audit.
- Keep a **copy** to take with you on your trip
- Send a **copy** to Risk Management

Please Note: CSUEB strongly advises all travelers to register with the **U.S. Department of States STEP (Smart Traveler Enrollment Program)** - enroll your trip with the nearest U.S. Embassy or Consulate.

☐ I have registered. Attached STEP registered itinerary.



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Travel Related Questions, Refer to [CSUEB Travel Website](#)
or Contact Accounts Payable Manager Lana Lewis at x52854
Last Update: January 10, 2017

Appendix

Travel Estimator Worksheet				(Return to <div>Chartfield String Table</div>)												
Date (mm/dd/yy)	Location	Meals ¹	Incidentals ²	Registration Fee ³	Airfare ⁴	Airfare Baggage Fee ⁵	Lodging ⁶			Car Rental/Taxi/Shuttle ⁷	Airport/Hotel Parking ⁸	Others (eg. Insurance) ⁹	Mileage ¹⁰			Total Estimate Cost
							Rate	Taxes	Total				Miles	Rate	Amount	
7/10/17	SFO-Vienna	\$30.00			\$600.00	\$50.00	\$88.00	\$5.00	\$93.00	\$10.00				0.535	\$0.00	\$783.00
7/11/17	Vienna	\$30.00		\$150.00			\$88.00	\$5.00	\$93.00	\$10.00				0.535	\$0.00	\$283.00
7/12/17	Vienna	\$30.00					\$88.00	\$5.00	\$93.00	\$10.00				0.535	\$0.00	\$133.00
7/13/17	Vienna	\$30.00					\$88.00	\$5.00	\$93.00	\$10.00				0.535	\$0.00	\$133.00
7/14/17	Vienna	\$30.00					\$88.00	\$5.00	\$93.00	\$10.00				0.535	\$0.00	\$133.00
7/15/17	Vienna-SFO	\$30.00								\$10.00				0.535	\$0.00	\$40.00
+	-	Subtotals:	\$180.00		\$150.00	\$600.00	\$50.00		\$465.00	\$60.00					\$0.00	\$1,505.00

The following notes are **only** summary reminders and **not** the entire travel procedures and policy, which you **must** adhere to. **In addition**, these notes may not be applicable to international travel or travel outside the 48 contiguous United States)

- i. Receipts are required for expenses greater than \$75.00. Tape all little receipts on an 8 ½ x 11 piece of paper.
- ii. Traveler must file a travel claim within 30 days of completion of travel.
- iii. Expenses must be business related and necessary for the purpose of the trip, and must be ordinary, reasonable and not extravagant.
- iv. Notes for Travel Estimator Worksheet
 - (1) **Meals:** maximum allowable, including tips, is \$55.00 per day. Allowable tips are not to exceed 20% of the total bill.
 - (2) **Incidentals:** not allowable for the first day of travel, thereafter the maximum allowable is \$7.00 per day.
 - (3) **Registration Fee:** Use account 660009.
 - (4) **Airfare or other commercial carrier:** maximum allowable is based on the most economical mode of transportation and the most commonly traveled route consistent with the purpose of the trip. Use the University travel agent to ensure you meet this requirement. Contact Accounts Payable for instructions (510) 885-2830.
 - (5) **Baggage fee:** maximum allowable is based on reasonable and necessary amounts for the business purpose and length of the trip.
 - (6) **Lodging:** maximum allowable \$275 per night, excluding taxes, unless written pre-approval is received prior to travel. When checking in identify yourself as a University employee and claim exemption from the transient tax. You will be required to complete a **form** and may be required to present your travel authorization and Bay Card. Some CA locations may not grant an exemption.
 - (7) **Car Rental:** use [enterprise.com](#) to get the state contract amount, which includes insurance. You can also use the University travel agent to reserve your car so you receive the state contracted amount. Contact Accounts Payable for instructions (510) 885-2830. You must have a current defensive driving certificate or complete the defensive driving training prior to travel.
 - (8) **Airport/Hotel parking:** valet parking charges or premium parking charges in excess of normal parking charges are not allowable, unless the traveler obtains an exception.
 - (9) **Other:** Insurance is compulsory for international travel. Insurance Premiums vary depending on travel categories and duration of travel. Visit the [Foreign Travel](#) website for more information.
 - (10) **Mileage:** You must have a current defensive driving certificate or complete the defensive driving training prior to travel. In addition, you must also have a current STD261 form on file or complete one prior to travel. Mileage reimbursement cannot exceed the most economical mode of transportation available.