

TRAVEL AUTHORIZATION FORM

Name of Traveler: _____ NetID: _____ Department ID: _____
 Email: _____ Department Contact/Preparer: _____ Phone: _____
 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: _____

POLICY INFORMATION

TOTAL ESTIMATED EXPENSES

The *ICSUAM 3601.01 Policy* 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 and follow policy and procedures in effect at the time of travel" (CSU, 2019).

Helpful links:

- [Systemwide CSU Travel & Business Expense Payments](#)
- [CSUEB Travel Policy](#)
- [Foreign Travel Insurance Program](#)

All faculty, staff and students traveling internationally on CSU business are required to use the Foreign Travel Insurance Program.

*If using a privately owned vehicle, traveler must have: a) a current *Authorization to use Privately Owned Vehicle* form ([STD261](#)) on file with the University; b) the minimum liability insurance as required by State law; and c) satisfied the [Defense Driving Training requirements](#).

Meals: _____
 Registration: _____
 Lodging: _____
 *Transportation | Airfare | Parking: _____
 Foreign Travel Insurance: _____
 Other: _____
 Total: _____

Fund	DeptID	Program	Class	Project
Account				

APPROVALS

Requestor: _____ Signature: _____ Date: _____
 Approving Authority: _____ Signature: _____ Date: _____
 PI/Dept. Approver (if any): _____ Signature: _____ Date: _____
 Foundation /Other Approver (if any): _____ Signature: _____ Date: _____

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

VP/President: _____ Signature: _____ Date: _____

INTERNATIONAL TRAVEL

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

Travel Advisory Level: _____ *How? Enter Country or area in search bar: travel.state.gov*
 Emergency Contact: _____ Relationship: _____ Phone: _____
 Email: _____ Or you may provide this information directly to: riskmanagement@csueastbay.edu
 President: _____ Signature: _____ Date: _____