TRAVEL AUTHORIZATION FORM

Name of Traveler: ___________________________  NetID: _______________  Department ID: _______________
Email: ___________________________________  Department Contact/Preparer: ___________________________  Phone: __________________

Travel 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

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.

TOTAL ESTIMATED EXPENSES

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: ___________

A&F, Financial Services, 5/2022