## CALIFORNIA STATE UNIVERSITY, FULLERTON BUSINESS TRAVEL AND PREPAYMENT REQUEST

DOCUMENT NUMBER

Instructions: https://adminfin.fullerton.edu/finance/ap_travel/services/travel/	IF REVISION, CHECK F	avel/ IF REVISION, CHECK HERE	
TRAVELER'S INFORMATION			
Faculty / Staff Student Employee (job related)	Student Employee (non-job related)	Student	
Traveler's Name	CWID		
Title	Prepared by		
Department Name	Phone Number		
Department ID	E-mail		
BUSINESS TRIP DETAILS AND PREPAYMENT REQUEST (Completed <u>Detail Summary of Travel Expenses Form</u> must be submitted with Travel Request)			
University Business Purpose of Trip			
Trip Destination (city/state or city/country)			
Trip Dates (departure date) (return date)		Yes No	
Is any portion of this travel personal? (Personal combined with international business travel may be subject to tax. Email Tax Office at csuftaxoffice@fullerton.edu)			
List date(s) and location of personal travel			
An international trip occurring after August 26, 2016 is considered entirely for business if at least one of the following four exceptions is met (Select appropriate boxes):			
The employee does not have <i>substantial control</i> over arranging the trip	Less than 25% of total time is spent on personal activities		
Travel outside of the U.S., combining business and personal time, is for a week or less	Vacation is not a major consideration in planning the trip		
<b>Foreign Travel</b> - Submit travel request 4 – 6 weeks prior to departure date (6		Yes No	
Have you obtained the required foreign travel liability insurance from the Office of University Risk Manual for a second state for the foreign travel liability insurance from the office of the foreign travel in the foreign travel is a second state of the foreign travel is a second stat		$\sim$	
lf no, complete Foreign Travel Liability Insurance Form. Link is https://hr.fullerton.edu/InternationalTravel/Login.aspx. If country is deemed high hazard, travel will require Chancellor's Office approval. Office of University Risk Management will notify traveler.			
Check appropriate box University P-Card		Cash Posting Request 📃	
Travel Prepayment for Registration Fee (University check payable to vendo			
Payable To: Amount Required Date			
DEPARTMENT ID AND AMOUNT TO BE CHARGED			
Account(6) Fund(5) Dept(5) Program(4) Class(5) Project(8) State Funds: (r	registration fees, attach copy of form)	• Amount	
State Funds:		Amount	
State Funds:		··· Amount	
IRA Funds (ASI):		- Amount	
CSFPF Funds: Amount		" Amount	
CSUF ASC Project #:	* Other (describe)	Amount	
* If using both State and ASC Sponsored Program funds, include explanation for use of state funds in Business Purpose of Trip. Total Amount Requested			
** Other Authorized Amount Not To Exceed (optional)			
TRAVELER'S SIGNATURE I HEREBY CERTIFY the above travel is necessary to conduct official business on behalf of California State University, Fullerton and agree to submit my Travel Expense Claim within 60 days from the return date.			
I HEREBY CERTIFY THAT, JIN DRIVING A VEHICLE FOR OFFICAL STATE BUSINESS, I have complied with the Requirements for Driving on University Business provided in the following link: https://hfullerton.edu/riskmanagement/drivingoncampus/Requirements.php (Does not apply to Student Employees - Non-Job related)			
https://nrtulierton.edu/riskmanagement/drivingoncampus/kequirements.pnp (Does not apply to stuc Will lodging exceed \$333 per night, excluding taxes, for travel in-state, out-of-state including Alaska,		Yes 🔿 No	
If yes, describe the business purpose to stay within certain facilities at a rate above \$333. VP/Designee		res () No	
TRAVELER'S SIGNATURE	DATE		
APPROVAL SIGNATURES			
I HEREBY CERTIFY a) I have authorization to approve in-state, out-of-state, international travel and lodging in excess of \$333 per night in accordance with the CSUF Travel Policy; b) this travel is necessary for conducting business on behalf of the University; c) if foreign destination is on the State Department's travel warning list, I have read and understand the travel warning for the country to which I am authorizing travel; d) travel will be in accordance with the CSUF Travel Procedures and Regulations; and, e) *state funds have not been used to subsidize any activities funded through sponsored programs.			
ADMIN UNIT/DEPT CHAIR DAT	E AVP/DEAN	DATE	
VICE PRESIDENT/DESIGNEE		DATE	
VICE PRESIDENT/DESIGNEE DATE			
		DATE	
CSUF PRESIDENT/DESIGNEE		DATE	
ACCOUNTS PAYABLE/TRAVEL USE ONLY Vendor # Voucher # Check #	Check Date Check	Amount	

Submit form to Travel Operations (CP-300) | Questions? travel@fullerton.edu | Rev. Date 04/2024