

CALIFORNIA STATE UNIVERSITY, FULLERTON
BUSINESS TRAVEL AND PREPAYMENT REQUEST

DOCUMENT NUMBER _____

IF REVISION, CHECK HERE

Instructions: https://adminfin.fullerton.edu/finance/ap_travel/services/travel/

TRAVELER'S INFORMATION

Faculty / Staff <input type="checkbox"/>	Student Employee (job related) <input type="checkbox"/>	Student Employee (non-job related) <input type="checkbox"/>	Student <input type="checkbox"/>
Traveler's Name	CWID		
Title	Prepared by		
Department Name	Phone Number		
Department ID	E-mail		

BUSINESS TRIP DETAILS AND PREPAYMENT REQUEST (Completed [Detail Summary of Travel Expenses Form](#) 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) Yes No

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 *substantial control* 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

Foreign Travel - Submit travel request 4 – 6 weeks prior to departure date (6 – 8 weeks prior to departure date for high hazard countries): Yes No

Have you obtained the required foreign travel liability insurance from the Office of University Risk Management? Any questions, call ext 7346..... Yes No

If 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 Travel Prepayment (reg fee) Cash Posting Request

Travel Prepayment for Registration Fee (University check payable to vendor on the registration form / Attach a copy of the registration form):

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:	-----	-----	-----	-----	-----	(registration fees, attach copy of form)..... Amount _____
State Funds:	-----	-----	-----	-----	-----	Amount _____
State Funds:	-----	-----	-----	-----	-----	Amount _____
State Funds:	-----	-----	-----	-----	-----	Amount _____
IRA Funds (ASI):	-----	-----	-----	-----	-----	Amount _____
CSFPF Funds:	-----	-----	-----	-----	-----	Amount _____
CSUF ASC Project #:	-----	<input type="checkbox"/> * Sponsored Programs	<input type="checkbox"/> ** 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, IN DRIVING A VEHICLE FOR OFFICAL STATE BUSINESS, I have complied with the Requirements for Driving on University Business provided in the following link: <https://hr.fullerton.edu/riskmanagement/drivingoncampus/Requirements.php> (Does not apply to Students or Student Employees - **Non-Job related**)

Will lodging exceed \$275 per night, excluding taxes, for travel in-state, out-of-state including Alaska, Hawaii and US possessions? (effective November 1, 2015) Yes No

If yes, describe the business purpose to stay within certain facilities at a rate above \$275. VP/Designee signature below will serve as pre-approval to exceed the rate.

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 \$275 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 _____ DATE _____ AVP/DEAN _____ DATE _____

VICE PRESIDENT/DESIGNEE _____ DATE _____

PRESIDENT APPROVAL - REQUIRED FOR ALL INTERNATIONAL TRAVEL (INCLUDING U.S. POSSESSIONS) AND EXCEPTIONS TO THE CSU TRAVEL RESTRICTIONS

CSUF PRESIDENT/DESIGNEE _____ DATE _____