



# REQUEST FOR AUTHORIZATION TO TRAVEL/Travel Advance for ORSP Projects

**Instructions:**

- A. Complete this form and submit it to the appropriate administrator for approval prior to making reservations.
- B. If no Travel Advance is being requested, attached the completed and approved form to the travel claim upon your return. Note that all travel claims must be submitted to Accounts Payable within 60 days of the trip's end.

1. Traveler's name: \_\_\_\_\_ SFSU ID \_\_\_\_\_ Phone No: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Email: \_\_\_\_\_ Purpose of Travel: \_\_\_\_\_

4. Destination: \_\_\_\_\_ Mode of Travel: \_\_\_\_\_

5. Conference Start and End Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

6. Subsistence: \_\_\_\_\_ Day(s) x \_\_\_\_\_ at \$ \_\_\_\_\_ Per Day = \_\_\_\_\_ Total \$

7. Registration fees: \_\_\_\_\_ Airfare: \_\_\_\_\_ Lodging\*: \_\_\_\_\_ Other (Specify): \_\_\_\_\_

8. Total estimated cost of trip (include direct billed airfare, hotel and/or vehicle): \_\_\_\_\_

9. ChartField to be charged: \_\_\_\_\_ Fund \_\_\_\_\_ Dept \_\_\_\_\_ Program \_\_\_\_\_ Class \_\_\_\_\_ Project \_\_\_\_\_

10. I request authorization to travel as documented above. I certify that: (1) If a motor vehicle is used, I have completed a defensive driving class and, (2) If a *private* motor vehicle is used, I have a current Form STD 261 Authorization to Use Privately Owned Vehicle on State Business on file.

Signature of Traveler \_\_\_\_\_ Date: \_\_\_\_\_

11. I request a **Travel Advance** to be used for University Business in the amount of \$ \_\_\_\_\_ (available only for international trips). Failure to substantiate expenses and return any unused cash advance amounts, the University is obligated under IRS regulations to consider such amount as income to the employee and will be reported through payroll system as additional wages to the employee.

**Disposition of Travel Advance Check:** \_\_\_\_\_ Mail \_\_\_\_\_ Pick Up \_\_\_\_\_

Signature of Traveler: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Investigator: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dept Chair Approver: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean/Admin Approver: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ORSP Approver: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Additional Approvals for Foreign Travel Risk:**

Risk Management: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Vice President: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

President: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Chancellor: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Pre-Authorization For Exception to the Travel Policy (e.g. hotel rate) please use the attached form. \*\*