



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 30 days of the trip's end.

1. Traveler's name: SF State 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) at \$ Per Day Total \$

Registration fees: Airfare: Lodging*: Other (Specify):

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

8. ChartField to be charged:

Fund	Dept	Program	Class	Project
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

9. 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 Private owned Vehicle on State Business on file.

Signature of Traveler _____ Date: _____

10. 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: _____

PI:	<input type="text" value="Audrey Parangan-Smith"/>	Signature: _____	Date: __/__/__
Dept Chair:	<input type="text"/>	Signature: _____	Date: __/__/__
Dean/Admin:	<input type="text" value="Carmen Domingo"/>	Signature: _____	Date: __/__/__
ORSP Approver:	<input type="text" value="Candy Mou"/>	Signature: _____	Date: __/__/__

Additional Approvals for Foreign Travel Risk

Risk Management:	<input type="text"/>	Signature: _____	Date: __/__/__
Vice president:	<input type="text"/>	Signature: _____	Date: __/__/__
President:	<input type="text"/>	Signature: _____	Date: __/__/__
Chancellor:	<input type="text"/>	Signature: _____	Date: __/__/__

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

**SAN FRANCISCO STATE UNIVERSITY
AUTHORIZATION FOR EXCEPTION TO THE TRAVEL POLICY**

1 Name of the individual on whose behalf the exception is sought:

2 Nature of the exception:

Cost exceeds maximum rate:

Other deviation from the policy (specify):

3 Justification for the exception:

Explain below why the higher cost or other deviation from the policy is necessary to achieve the University business purpose.

4 Approval (must be the President or a Vice President):

Name:

Title:

Signature:

Date: