

**TRAVEL INFORMATION**

Employee Name:  Empl ID:   
 Department:  Phone:   
 Departure/Return: From: 

Date	Time
<input type="text"/>	<input type="text"/>

 To: 

Date	Time
<input type="text"/>	<input type="text"/>

  
 Destination:   
 Purpose of Trip:   
 My per night lodging expenses will exceed \$175, excluding taxes. As required, written justification is attached. For more information please [frequently asked questions](#)  
 I am driving a private vehicle and have completed an Authorization to Use Privately Owned Vehicle Form (Form 261) Vehicle License #:

**STATE FINANCIAL INFORMATION**

Fund	DeptID	Account	Program	Class	Project/Grant

Travel Advance Request:  Amount:  Date Needed:   
 State Expenses not to exceed:

**PLEASE NOTE THE FOLLOWING:**

- 1) Travel advances must be requested at least 15 business days prior to departure.
- 2) Travel advances requested more than 30 days prior to departure require a written justification. In the box below, please explain why this is being requested more than 30 days prior to departure and attach any substantiating documentation.

Explanation:

**CAL POLY CORPORATION OR FOUNDATION FINANCIAL INFORMATION (All Other Org Key**

	OrgKey	ObjCode	Amount	
CPC Advance Request:	<input type="text"/>	<input type="text"/>	<input type="text"/>	CPC Expenses Not to Exceed
CPF Advance Request:	<input type="text"/>	<input type="text"/>	<input type="text"/>	CPF Expenses Not to Exceed
<b>Total Advance Request:</b>			\$ -	<b>Date Needed:</b> <input type="text"/>

**CERTIFICATION AND APPROVAL INFORMATION**

I certify that if I am driving a privately owned vehicle that I have liability insurance in force in at least the following amounts: \$15,000 for personal injury one person, \$30,000 for personal injury to two or more persons in one accident, \$5,000 for property damage. I further certify that my vehicle is adequately performed, equipped with seat belts and in safe mechanical condition, and that any accident that may occur while the vehicle is being operated on State reported to my supervisor within 48 hours using Form STD 270.

Furthermore, I agree to submit my Travel Expense Claim Form no later than 10 days after returning from my trip, and to repay the balance, if any, of money advanced. I understand and agree that any amount due may be deducted in full from funds payable to me by the State, including any salary warrant by the State Controller's Office. The State will not pay for expenses not incurred or for trips not taken, such as non-refundable deposits/registration fees that are cancelled.

Traveler:  signature  print name  date  
 In accordance with CSU Policy, this travel serves mission-critical needs for the University.  
 Approver:  signature  print name  date

**International Travel Requires the Following Additional Approvals:**

Dean

signature

print name

\_\_\_\_\_ date

Provost

\_\_\_\_\_ signature

\_\_\_\_\_ print name

\_\_\_\_\_ date

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