

TRAVEL INFORMATION

Employee Name: _____ Empl ID: _____
 Department: _____ Phone: _____

Departure/Return: From:

Date	Time
_____	_____

 To:

Date	Time
_____	_____

Destination: _____
 Purpose of Trip: _____

If your travel is within California you must complete the Transient Occupancy Tax Waiver (next page)
 My per night lodging expenses will exceed \$275, excluding taxes and fees. Please include justification below.

My travel expenses submitted for reimbursement will include expenses for my spouse or registered domestic partner. Travel expense claim must include documentation to demonstrate the spouse or registered domestic partner attendance served a business purpose and he/she played a significant role in the proceedings or made an important contribution to the event. Please include an event or meeting agenda or a letter of invitation requesting the spouse's or registered domestic partner's attendance.

I am driving a private vehicle and have completed an Authorization to Use Privately Owned Vehicle Form (Form 261) Vehicle License #: _____

STATE FINANCIAL INFORMATION (Including University Campus Programs)

Fund	DeptID	Account	Program	Class	Project/Grant	Amount

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 (below) - attach any substantiating documentation.

Justification: _____

CAL POLY CORPORATION FINANCIAL INFORMATION (All Other Org Key #'s)

CPC Travel Advance Request:

OrgKey	ObjCode
_____	_____

 Advance Amount: _____ CPC expenses not to exceed: _____
 Date Needed: _____ (Estimated total cost)

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 to, or death of, 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 adequate for the work 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 business will be reported to my supervisor within 48 hours using Form STD 270.

Traveler: _____ signature _____ print name _____ date

Approving Official: _____ signature _____ print name _____ print title _____ date

Dean: _____ signature _____ print name _____ date

Provost: _____ signature _____ print name _____ date

President: _____ signature _____ print name _____ date

All Cal Poly employees who are traveling on official University business and staying at a hotel/motel in California are required to complete this form to request a waiver of the Transient Occupancy Tax (TOT). The traveler is obligated to request the waiver, by presenting this form to the hotel/motel operator. Participation by the operator is strictly voluntary.

STATE OF CALIFORNIA

STD 236

**HOTEL / MOTEL TRANSIENT OCCUPANCY TAX WAIVER
(EXEMPTION CERTIFICATE FOR STATE AGENCIES)**

HOTEL/MOTEL OPERATORS: RETAIN THIS WAIVER FOR YOUR FILES TO SUBSTANTIATE YOUR REPORTS

(PARTICIPATION BY OPERATORS IS STRICTLY VOLUNTARY)

HOTEL / MOTEL NAME

DATE EXECUTED

HOTEL / MOTEL ADDRESS (NUMBER, STREET, STATE, ZIP CODE)

This is to certify that I, the undersigned traveler, am a representative or employee of the State agency indicated below; that the charge for the occupancy at the above establishment on the dates set forth below have been, or will be paid for by the State of California; and that such charges are incurred in the performance of my official duties as a representative or employee of the State of California.

OCCUPANCY DATE(S)

STATE AGENCY NAME

ADDRESS

TRAVELERS NAME (PRINT OR TYPE)

I hereby declare under the penalty of perjury that the foregoing statement are true and correct

EXECUTED AT: (CITY, STATE)

TRAVELERS SIGNATURE

DATE SIGNED