

TRAVEL AUTHORIZATION FORM

CALIFORNIA STATE UNIVERSITY, LONG BEACH FOUNDATION
(562) 985-7524

Vendor # _____

ARE YOU A FIRST TIME PAYEE? IF SO, COMPLETE SUBSTITUTE W-9 FORM AND RETURN IT TO ACCOUNTS PAYABLE BEFORE PAYMENT WILL BE MADE. ☐ ON FILE ☐ ATTACHED

Note: If University funds are being used, USE the appropriate State forms. The University will forward your authorization to the Foundation for processing

Traveler Name <u>John Smith</u>	Dept. Ref. # (Reserved for Dept. Use)
Street Address <u>1234 Cherry Lane</u>	City, State, ZIP <u>Long Beach, CA 90815</u>
Social Security (last 4 digits) <u>****</u>	Campus Phone
Departure Date: <u>Friday April 27, 2012</u>	Departure Time: <u>8-9am</u>
Return Date: <u>Sunday April 29, 2012</u>	Return Time: <u>1-2am</u>
Destination (City, State, Country): <u>Fresno, CA USA</u>	Foreign Travel Insurance Requirements: All foreign travel requires Foreign Travel Insurance obtained through the Foundation Purchasing Department. You will be contacted stating the amount of Insurance to your destination.
Place within the City: <u>CSU Fresno</u>	

Check to be distributed as follows:

- ☐ U.S. Mail
- ☐ Payee/Dept Staff Pick-up
Name _____
Payee's Ext. _____
- ☐ ACH Payment

* ACH Direct Payment Authorization must be on file with the Foundation 12 days Prior to first payment.

Project Justification/Purpose of Expenditure:

Attending Society of Physics Students Zone meeting

Estimated Expenses

Lodging Costs (Room tax and mandatory charges)	1
Air, Train, or bus fare(s): Reservation via Global? Yes <input type="checkbox"/> No <input type="checkbox"/>	2
Rental car(s): Reservation via CSURA/AORMA account? Yes <input type="checkbox"/> No <input type="checkbox"/>	3
Conference fees: Prepaid by Foundation? Yes <input type="checkbox"/> No <input type="checkbox"/>	4
Meals:	5
Personal Automobile: _____ miles @ _____ per mile	6
(authorization to use private vehicle for Foundation business on file with HR?) Yes <input type="checkbox"/> No <input type="checkbox"/>	
Taxi, limo, parking, telephone, etc.	7
TOTAL Amount authorized (add line 1-7):	8

Complete this Section for Travel Advances Only

Are all prior advances cleared? Yes ☐ No ☐

Amount to be advanced (80% of line 8): _____ 9

LESS Amount prepaid by Foundation _____ 10 (conference fees, airfare, rental car etc.)

Amount to advance to traveler (line 9 less than line 10): \$ _____

Project # (8 digits)	G/L Line Item # (6 digits)	Amount
_____	_____	\$ _____
_____	_____	\$ _____

I, the undersigned, hereby acknowledge my responsibility to clear any advance within 15 days understand that any uncleared advance may result in taxable income to me.

John Smith
Traveler's Signature

4/12/12
Date

Approving Signature

Date

Other Signature

Date

Other Signature

Date

(For Academic Dept.: Travel within U.S)

(For Academic Dept.: International Travel)