



IRA/SSF ARP Student Travel Authorization

Each student traveling using IRA /SSF ARP funds must have a completed and signed form on file **prior** to travel. Submit this form (and any supplemental forms related to this form) to your college IRA/SSF ARP coordinator. Include copies of all forms with any Travel Expense Claim (TEC) submission after travel.

Traveler Information

Program Name: _____ SSF ARP#: _____

Student Traveler Name: _____ Red ID: _____ Phone: _____

Student Traveler Address: _____ State: _____ Zip Code: _____
(where any advance payment will be mailed)

Preparer Name (if diff. than traveler): _____ Phone: _____

***Each student traveling must sign a [RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS](#) form.**

***For Student Direct Deposit option contact SDSU Accounts Payable at APSUPPLIER@SDSU.EDU**

Trip Details

Destination (City, Country): _____ Dates of Travel: _____

Purpose of Travel: _____

Important:

1. Traveler **must** obtain travel insurance prior to any **foreign** travel by completing the [FOREIGN TRAVEL INSURANCE REQUEST](#) form.
2. All international student travel must be reported to the SDSU [Office of International Programs \(OIP\)](#) (619-594-1354).
3. If driving a personal vehicle, an [Authorization to Use Privately Owned Vehicle](#) form must be on file with your college.

Advance Request? Yes No \$ _____ Reason for Advance _____

Direct Payment Requested from A/P? **Vendor Name & Address (where payment will be mailed)**
For direct payments, please attach the itinerary or registration form.

Airfare Yes No \$ _____ *Rancho San Diego Travel _____

Registration Yes No \$ _____ *SDSU Accounts Payable (A/P) works with vendor. For questions, call 619-594-0894.

Oracle String (obtained from department): _____

I hereby certify that the above travel is necessary to conduct official business on behalf of San Diego State University. Any advances given to me are necessary to defray my anticipated reimbursable expenses while traveling on IRA/SSF ARP funds. I understand and agree that this amount must be cleared by submission of a Travel Expense Claim (TEC) within 2 weeks from my last date of travel.

Traveler Signature **Date**

Travel Approval

I am authorizing the travel for this student and have verified that a completed RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS form has been submitted and that any foreign insurance has been obtained for travel to any foreign destinations.

Program Adviser Signature **Print** **Date**

Dean or Designee Signature **Print** **Date**