

AP USE ONLY: TRV

SECTION 1: Traveler's Information

<i>Traveler's Name</i>	<i>Traveler Type</i>	
<i>SDSU Red ID</i>	<i>Is the traveler a resident alien or US Citizen? YES NO</i>	
<i>Department and Title</i>	<i>If NO, attach Foreign National Information Form, W-8EN, and other required forms.</i>	
<i>Destination</i>	<i>Please select Traveler affiliation: SDSU Employee SDSURF Employee N/A</i>	
<i>Date(s) Absence from Campus</i>	<i>Prepared by/Name of dept contact</i>	<i>Ext.</i>
<i>Reason for Travel? Why this is an Essential Travel</i>		
<i>Does the proposed travel further the academic or co-curricular mission of SDSU? How?</i>		
<i>Are you currently teaching a course at SDSU?</i>		
<i>If YES, is the course online or in person?</i>		

SECTION 2: Trip Details

Travel Type	Yes	No
[Redacted]	<i>Is any portion of this travel for personal reasons?</i>	
	<i>If driving, have you registered with the Parking and Transportation Department?</i>	
	<i>If foreign travel, has traveler requested Foreign Travel Insurance?</i>	
	<i>If foreign, is destination on State Department's Travel Warning List or the CSURMA High Hazardous Country List/War Risk Country List?</i>	
<p>*Campus Funded FOREIGN TRAVEL: Please check both the State Department's Travel Warning List and the CSU Warning List Visit the SDSU Risk Management Website for further information.</p> <p>*Auxiliary Funded FOREIGN TRAVEL: All individuals traveling to foreign countries for SDSURF business MUST report their travel plans to the SDSURF risk management staff in advance of the trip in order to be covered by the SDSURF's foreign travel liability insurance policy. SDSURF's risk management staff may be reached at 619-594-4139 or email: riskmanagement@sdsu.edu Visit the SDSU Research Foundation Risk Management Website for further information.</p> <p>*All travelers must submit a Foreign Travel Insurance Request Form and the completed Travel Authorization Form 30 days prior to the departure, 45 days prior to travel to high risk areas.</p> <p><i>If foreign travel, confirm Foreign Travel Insurance Request Form has been submitted. YES</i></p> <p><i>If traveling by air, what airports will you travel through? Is there a stopover that includes time spent other than in the airport? Where?</i></p> <p><i>For instate travel, what is the status of the destination city/county regarding Covid-19:</i></p> <p><i>For out of state travel, what is the status of the destination city/county regarding Covid-19 cases? Is a quarantine required upon arrival?</i></p> <p><i>For international travel, what is the risk rating for the destination country? What is the status of the destination country regarding Covid-19 cases? Is a quarantine required upon arrival?</i></p>		

SECTION 3: Funding Source

Please be advised that depending on the Funding Source selected will determine the SDSU Travel Policy applied and Travel Approvals required.

[If a SDSU \(State-Side\) Funding Source is selected please review the SDSU \(State-Side\) Travel Policy and Required Approvals.](#)
[If a SDSU Foundation Funding Source is selected please review the SDSU Foundation Travel Policy and Required Approvals.](#)

Funding Source: Campus Funds Sponsored Research (SDSURF) Associated Students/Aztec Shops Gift/Donor (SDSURF/TCF) Personal Funds

If Campus Funds are used please proceed to Section 5: Campus Funded Travel, otherwise complete Section 4: Foundation Funded Travel.

Does this request have additional Travelers? YES NO *If YES, attach a completed Travel Authorization for the additional Traveler(s).*

***Note: Use separate Disbursement Request for additional travelers advances.**

SECTION 4: FOUNDATION Funded Travel

	Travel to be charged to FUND #/ Account Code	Total Estimated Costs	Method of Payment (check applicable column)				SDSU Research Foundation Use Only SDSURF Document Numbers
			PCard	PO/Check	Travel Advance	Reimbursement After Travel	
Airfare (US Carrier, Coach/Economy Class)							
Lodging							
Registration							
Rental Vehicle							
Meals & Incidentals			N/A	N/A			
Other Expense							
Total Estimated Travel Costs: \$			Name of PCard Holder, if app.:				
Requested Advance Amount: \$			Last 4 Digits of PCard, if app.:				

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SECTION 4: FOUNDATION Funded Travel *continued*

CHECK ONE: CHECK REQUEST: Mailed to payee's address on file.
 DIRECT DEPOSIT: Payee must have direct deposit established or complete the direct deposit authorization form and attach to this request

*Note: Advances may be up to 80% of anticipated out of pocket costs *Note: Use separate Disbursement Request for additional travelers advances.
 Attach breakdown of Advance amount

Travel Advance Accounting Distribution Only

EXPENSE TYPE	FUND	ORG	ACCOUNT	%	OR AMOUNT
Travel Advance					

Approval Signatures

PCard Holder Signature, if applicable:	Date:
Fund Manager Approval:	Date:
SDSURF Approval:	Date:
SDSURF Staff Use Only: SDSURF Travel Advance Inv. #	DE By: Check Due Date:

SECTION 5: CAMPUS Funded Travel

Advance Request from A/P?	YES NO	Amount	For employees that have not signed up for direct deposit, checks will be mailed to their address of record on file in HR PeopleSoft. Advances may be up to 80% of Total Estimated Travel Expenses below.
Payment Method:	A/P OOP CTC CPO	Amount	Vendor Name and Address (required for A/P Direct Payments)
Registration		\$ _____	_____
Airfare		\$ _____	*Rancho San Diego Travel (Please contact Carin Graves: carin@ranchosdtravel.com)
Rental Vehicle		\$ _____	*Enterprise (Please use Enterprise link)

Oracle Account No: - - - - - - - Maximum Reimbursement Amount \$ _____

*Include all expenses regardless of method of payment (i.e. advances, direct payments, OOP, CTC, CPO, etc.)

	Lodging	Airfare	Registration	Rental Vehicle	Meals	Other	Total Estimate
Estimated Expenses:							

If lodging is greater than \$275 per night before tax please provide reason ➔ Business Purpose or Necessity for Lodging

SECTION 6: Approvals

Traveler's Signature

I HEREBY CERTIFY the above travel is necessary to conduct official business on behalf of San Diego State University and I have made arrangements for the classes meeting during my absence and/or for administrative and other duties.

I HEREBY CERTIFY THAT, WHENEVER I DRIVE A PRIVATELY OWNED VEHICLE FOR OFFICIAL STATE BUSINESS, I, a) have a valid driver's license; b) have the minimum liability insurance amount prescribed by State Law; c) Have not received more than three moving violations and/or accidents or combination thereof in the past twelve month period, d) have a current Authorization to use Privately Owned Vehicle form (std. 261) on file with the University; e) have satisfied the State Defensive Driver Training requirements; f) will report all accidents on form STD. 270 within 48 hours (S.A.M. 2441).

I HEREBY CERTIFY THAT THE ABOVE TRAVEL ADVANCE if requested, is necessary to defray my anticipated reimbursable expenses while traveling on business for San Diego State University. I understand and agree that this amount must be cleared by submission of a Travel Expense Claim (TEC) within 60 days of my return from travel. In the event a TEC is not submitted, it is understood that the University may refer my outstanding advance to a collection agency, or with my written permission, withhold from my next pay warrant.

Signature of Traveler: _____ **Print Name:** _____ **Date:** _____

Approval Signatures

I HEREBY CERTIFY a) I have authorization to approve local and in-state travel in accordance with the SDSU Travel Policy; b) this travel is necessary for conducting business on behalf of the University; c) travel reimbursement will be in accordance with SDSU Travel Procedures and Regulations.

Supervisor/Department Chair: _____ **Print Name:** _____ **Date:** _____

Dean: _____ **Print Name:** _____ **Date:** _____

I HEREBY CERTIFY a) I have authorization to approve domestic travel in accordance with the SDSU Travel Policy; b) this travel is necessary for conducting business on behalf of the University; c) if foreign destination is on the State Department's Travel Warning List and/or CSU Warning List, I have read and understand the travel warning for the country to which I am authorizing travel; d) travel will be in accordance with the SDSU Travel Procedures and Regulations.

Signature of Divisional VP or Provost: _____ **Print Name:** _____ **Date:** _____

SDSU President: _____ **Print Name:** _____ **Date:** _____

Approval- Required For All SDSU (State-Side) Essential Travel

SDSU President - Required for all travel to foreign destinations.

I acknowledge that this destination is/is not on the CSU War Risk Country list and does/does not require Chancellor's Office approval.

Approval- Required For All Travel To Foreign Destinations

SDSU President: _____ **Print Name:** _____ **Date:** _____

