



AP USE ONLY: TRV

Traveler's Information for Absence			
Traveler's Name		Traveler Type	
Department and Title		Prepared by/Name of dept contact	
Reason for Absence/Name of Event		Date(s) of Event	
Destination		Date(s) Absence from Campus	
Why this is an Esstentail Travel			
Trip Details			
Travel Type		Is any portion of this travel for personal reasons?	
		If driving, have you registered with the Parking and Transportation Department?	
		If foreign travel, has traveler requested Foreign Travel Insurance?	
		If foreign, is destination on State Department's Travel Warning List?	
		or the CSURMA High Hazardous Country List/War Risk Country List*	
* FOREIGN TRAVEL: To request foreign travel insurance coverage, the employee should complete and submit the Foreign Travel Insurance Request Form and the completed T2 at least 30 days prior to departure from the U.S. to ensure timely processing. Please check both the State Department's Travel Warning List and the CSU Warning List. Visit the SDSU Risk Management Website for further information.			
Advance & Payment Methods			
Advance Request from A/P?		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:		Vendor Name and Address (required for A/P Direct Payments)	
Registration		*Rancho San Diego Travel (Please contact Carin Graves: carin@ranchosdtravel.com)	
Airfare		*Enterprise (Please use Enterprise link)	
Rental Vehicle		For direct payments, please attach the itinerary or registration form.	
Estimated Travel Expenses			
Estimated Expenses:		Lodging Airfare Registration Rental Vehicle Meals Other Total Estimate	
*Include all expenses regardless of method of payment (i.e. advances, direct payments, OOP, CTC, CPO, etc.)			
If lodging is greater than \$275 per night before tax please provide reason		Business Purpose or Necessity for Lodging	
Account Information			
Funding Source:		Maximum Reimbursement Approved	
Oracle Account No:		\$	
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 or Department Chair:		Print Name:	
(optional - dept. purposes only)		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:	
Approval- Required For All Essential Travel		Date:	
SDSU President or Designee Approval - Required for all travel to foreign destinations.			
I acknowledge that this destination is/is not on the CSU War Risk Country list and does/not require Chancellor's Office approval.			
Approval- Required For All Travel To Foreign Destinations			
SDSU President:		Print Name:	
		Date:	