



**AP USE ONLY:** TRV

### 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

<b>PCard Holder Signature, if applicable:</b>	Date:
<b>Fund Manager Approval:</b>	Date:
<b>SDSURF Approval:</b>	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)

For direct payments, please attach the itinerary or registration form.

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
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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; d) I confirm the Traveler's duties will be covered while away from work for this trip.

**Supervisor of Record:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Dean/AVP (optional) :** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

FAH Approval not required for Foundation Funded trips

I HEREBY CERTIFY a) I have authorization to approve the funds and budget for this trip as the SDSU Fiscal Authorization Hierarchy approver for this ORG (department); b) I approve the funds and budget for this trip;

**FAH:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### SDSU President - Required for all travel to foreign destinations.

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 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 or Designee:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

