College Travel Itinerary Form

Faculty/Staff Name:_____

Department:_____

Travel Destination:_____ Travel Dates:_____

1. **Purpose of Travel (select all the apply and attach letter of acceptance or invitation or tentative schedule to etravel authorization)**

   I am presenting a paper or poster at a professional conference.

   I am attending a meeting or conference as an officer at a local/state/national level in a professional organization

   I am a member or moderator of a panel at a profession conference.

   I am attending a professional conference.

   I am representing the department/college/university on official business at a local/state/ national organization

   Other: Specify the purpose of the trip. _____

   Travel funded by other source: _____

   FIPO (*For insurances purposes only*).

2. **International Travel (http://www.csun.edu/travel/risktravel):**

   Yes   No   International travel insurance has been secured.

3. **Travel to Restricted States (http://www.csun.edu/travel/ab1887):**

   Yes   No   Prior approval has been secured.

4. **Groups Travel with students (http://www.csun.edu/travel/student-group-travel-guidelines)**

   Yes   No   Travel Approval Form (paper) and all required documents are attached.

5. **Use of Privately Owned Vehicle (Form Std. 261) "**Authorization to Use Privately Owned Vehicles on State Business" form approved and on file with department. Must be received to be reimbursed for mileage:

   Yes   No

6. **Contact Information:** Phone number(s) where you can be reached in case of emergency: If staying overnight, name of hotel/housing and address:

_____

7. **List classes that will be missed.** (attach separate sheet if necessary)

Dates:	Courses:	Substitute, Instructor/Assignments

8. **Itinerary:** Please attach conference itinerary or agenda, or detail day by day your itinerary, from the date and time of departure to your return. (Attach separate sheet to etravel authorization if necessary).

Attach completed document to etravel authorization