



AFTER THE FACT APPROVAL OF TRAVEL REQUEST

THE UNIVERSITY ASSUMES NO FINANCIAL RESPONSIBILITY FOR EXPENDITURES INCURRED BY INDIVIDUALS WHO FAIL TO ADHERE TO POLICY.
THIS REQUEST DOES NOT GUARANTEE REIMBURSEMENT.

TRAVEL INFORMATION:

TRAVELER'S NAME: _____ CSUN ID: _____ MAIL CODE: _____ TA REPORT NO. _____
TRAVEL DELEGATE: _____ EXT: _____ DEPT NAME: _____
DESTINATION: _____ CONFERENCE/AGENCY: _____
TRAVEL ITINERARY: DEPARTURE DATE: _____ RETURN DATE: _____

REASON:

CHECK AT LEAST ONE BOX:

No approval prior to travel (Domestic & International)

- **Attach:** Printed and Approved [Approval of Travel form](#) (Travel Authorization was not created)

eTravel Authorization not fully approved prior to travel

- **Attach:** Printed eTravel Authorization with action history

Foreign Travel Insurance not obtained from Risk Management

No prior approval Hotel over \$275

Other: _____

REQUIRED JUSTIFICATION: Explain why a Travel Authorization was not completed/approved prior to travel and what steps will be taken in the future to insure adherence to policy:

Traveler's Signature: _____

Date: _____

Chair/Supervisor Signature: _____

Date: _____

Print Name: _____

Financial Approver Signature: _____

Date: _____

Print Name: _____

Dean/Director Signature: _____

Date: _____

Print Name: _____

Provost/VP Signature: _____

Date: _____

Print Name: _____

FOR VP/PROVOST USE ONLY:

Request Approved _____

Request Denied _____