



APPROVAL OF TRAVEL REQUEST

TRAVEL INFORMATION:

TRAVELER'S NAME: _____ CSUN ID: _____ MAIL CODE: _____ REQUISITION NO: _____
TRAVEL ARRANGER: _____ EXT: _____ DEPARTMENT NAME: _____
DESTINATION: _____ CONFERENCE/AGENCY: _____

TRAVEL ITINERARY: LEAVING DATE: _____ RETURN DATE: _____

			ESTIMATE OF COSTS	AP/TRAVEL DEPARTMENT USE ONLY
AIRFARE	Plaza	Other	\$ _____	_____
** HOTEL	\$ _____ <i>per night, excluding taxes.</i>		\$ _____	_____
REGISTRATION			\$ _____	_____
MEAL ALLOWANCE			\$ _____	_____
GROUND TRANSPORTATION (Taxi, Shuttle, Train)			\$ _____	_____
INT'L TRAVEL INSURANCE			\$ _____	_____
CAR RENTAL	Plaza	Other	\$ _____	_____
PRIVATE CAR MILEAGE (Includes Parking)			\$ _____	_____
OTHER BUSINESS EXPENSES			\$ _____	_____
TOTAL TRAVEL EXPENSE			\$ _____	_____

REQUIRED CHARTFIELDS:

ACCOUNT: _____ FUND: _____ DEPT ID: _____ PROGRAM: _____ CLASS: _____ PROJECT: _____ EXP LIMIT \$ _____
ACCOUNT: _____ FUND: _____ DEPT ID: _____ PROGRAM: _____ CLASS: _____ PROJECT: _____ EXP LIMIT \$ _____

Traveler Signature: _____ **Date:** _____
Chair/Supervisor Signature: _____ **Print Name:** _____ **Date:** _____
Financial Approver: _____ **Print Name:** _____ **Date:** _____
Dean/Director: _____ **Print Name:** _____ **Date:** _____

INTERNATIONAL TRAVEL APPROVAL:

Provost/VP Signature: _____ **Print Name:** _____ **Date:** _____

HIGH HAZARDOUS TRAVEL APPROVAL:

President Signature: _____ **Print Name:** _____ **Date:** _____

****Hotel rates exceeding \$333 per night, excluding taxes, must be approved prior to travel by the division VP or approved VP Designee. Justification must include an explanation of the necessity to stay within certain facilities (e.g. near or adjacent to meeting or other activities for which travel was approved).**

VP OR APPROVED VP DESIGNEE APPROVAL FOR HOTEL RATE EXCEEDING \$333 PER NIGHT, EXCLUDING TAXES:

Print Name: _____ **Signature:** _____ **Date:** _____