



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:

Table with columns: ESTIMATE OF COSTS, AP/TRAVEL DEPARTMENT USE ONLY. Rows include AIRFARE, HOTEL, REGISTRATION, MEAL ALLOWANCE, GROUND TRANSPORTATION, INT'L TRAVEL INSURANCE, CAR RENTAL, PRIVATE CAR MILEAGE, OTHER BUSINESS EXPENSES, and TOTAL TRAVEL EXPENSE.

REQUIRED CHARTFIELDS:

ACCOUNT: FUND: DEPT ID: PROGRAM: CLASS: PROJECT: EXP LIMIT \$
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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 \$275 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 \$275 PER NIGHT, EXCLUDING TAXES:

Print Name: Signature: Date: