



TRAVEL INFORMATION CHANGE REQUEST

University Hall 360
Phone: (818) 677-2945
Fax: (818) 677-4851
Mail Code: 8202

Traveler's Name: _____ CSUN ID: _____ Requisition No: _____

Department Name: _____ Ext: _____

CHANGE CHARTFIELD:

FROM:

ACCOUNT: _____ FUND: _____ DEPTID: _____ PROGRAM: _____ CLASS: _____ PROJECT: _____ AMOUNT: \$ _____

TO:

ACCOUNT: _____ FUND: _____ DEPTID: _____ PROGRAM: _____ CLASS: _____ PROJECT: _____ AMOUNT: \$ _____

ADD CHARTFIELD:

ACCOUNT: _____ FUND: _____ DEPTID: _____ PROGRAM: _____ CLASS: _____ PROJECT: _____ AMOUNT: \$ _____

Note: *If chartfields or amounts change, a Financial Approver's signature is **REQUIRED**.*

Increase Existing Expenditure Limit by: \$ _____ Decrease Existing Expenditure Limit by: \$ _____

Change of Itinerary (Destination and/or Dates): Explanation: _____

Cancellation of Trip: Explanation: _____

Other: Explanation: _____

Traveler's Signature: _____ Date: _____

REQUIRED APPROVALS:

Chair/Supervisor Signature: _____ Print Name: _____ Date: _____

Financial Approver: _____ Print Name: _____ Date: _____

INTERNATIONAL TRAVEL APPROVAL:

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