

Request for Approval of Travel - Employees Only

(Place a check mark under the correct business unit below)



This Section Is For Corporation Use Only					
Vendor					Tracking CT#
Group					
Voucher		AP	Pvt Car	Def Drv	
Post Award or Accounting					
Signature			Printed Name		Date

Type of Travel Request (check all that apply):

Date of request:

In State 606001	Blanket RAT – Extended Period	Max 90 days, end of grant or end of fiscal year, whichever comes first. Do not span fiscal quarters, use Jul-Sep, Oct-Dec, Jan-Mar, Apr-Jun.
Out of State 606002	Blanket RAT – Group	Attach group addendum identifying all travelers, their expected expenses, and if any of those travelers will be driving. Include employment status of all travelers. Non-Employees will require Hold Harmless Waivers.
Foreign 606802	Foreign Travel addendum must be attached and foreign travel insurance must be obtained, contact University Corporation Risk Management. Additional approvals will be required.	

Traveler Information:

Name: Last	First	M.I.
Physical Address: Street # and Name		City State Zip Code
Traveler Job Title	Department Name	If there are any questions, who should we contact? Please provide name and extension #

Trip Information:

Destination	Name of Event / Meeting	Start date	End date	Inclusive dates of travel	

Describe the trip or meeting below. Include the attendant's role and how the travel fulfills the purpose if the Grant/Fund (required). Include any important details or explanations.

Estimated Travel Expenses:

	NOT to be Reimbursed (Paid by UCorp)	To Be Reimbursed (Paid out of pocket)	Account Distribution					
			ACCT	FUND	DEPT ID	PGM	CLASS	PROJECT
Meals								
Airfare (incl baggage)								
Car Rental/Fuel **								
Mileage – Pvt Car **								
Shuttle/Taxi/Parking								
Lodging								
Reg Fees, etc;								
Other Expenses (please specify)								
Total Estimated Expenses			Total: Must equal Total Estimated Expenses					

Travel Advance Request: Cannot exceed 90% of amount "to be reimbursed" or be less than \$100. Must be picked up at the University Corporation office at Ryan Ranch. Please round down to the nearest dollar.

Signatures of Traveler and Approving Officials:

By signing below I HEREBY CERTIFY the following:

- I am currently a CSUMB or University Corporation Employee and I am following the University Corporation travel procedures.
- ****If I intend to drive any vehicle**, I have satisfied the State or UCorp defensive driver program (which will remain current for the duration of travel).
- ****If I intend to drive my personal vehicle**, I, a) have a current "Authorization to use Privately Owned Vehicle" form (STD.261) on file with the University Corporation; b) have the minimum liability insurance as required by State law (which will remain current for the duration of travel).
- **If I am traveling outside of the United States, foreign travel**, I have completed the UCorp Foreign Travel addendum so that foreign travel insurance can be obtained. I understand that additional approvals are required for foreign travel. Addendum must be attached.

Advances: By requesting an advance and signing this document, I acknowledge that the University Corporation is advancing me travel funds based upon my estimate of out of pocket expenses. I expressly authorize the University Corporation to assess the entire advance as taxable income or initiate collection proceedings if not properly claimed or refunded within 120 days after the end of the trip.

Traveler Signature	Date	Approving Official Signature	Date	Printed Name of Approving Official
--------------------	------	------------------------------	------	------------------------------------

If Foreign Travel

Provost Signature	Date	Printed Name of Provost	President Signature	Date	Printed Name of President
-------------------	------	-------------------------	---------------------	------	---------------------------

Foreign Travel Addendum

(Submit with RAT)

Must be submitted for ALL foreign travel

Instructions: Please complete this form in order to secure Foreign Travel Insurance

Traveler Information

Last Name: _____ First Name: _____
Primary Phone: _____ Alternate Phone: _____
Email Address: _____ Alternate Email Address: _____
Emergency Contact: _____
Phone #: _____ Email Address: _____
Traveler Status (Faculty/Staff/Student (select one)): _____

Travel Information

List all travel destination(s) including cities/towns/regions/provinces: _____

All cities/towns/regions/provinces traveler will be visiting: _____

Describe any High Risk Activities (i.e. scuba, _____

Trip Details

Transportation To/From International Destination: _____

Lodging Name: _____ Lodging Ph.No.: _____

Address: _____

Country: _____

(Taxi/Public Transportation/Rental/Other): _____

Airports used while traveling: _____

Additional Travelers - If there are 5 or more travelers, please list. _____

If any of the travel days will be personal travel days, please provide dates: _____

Destination(s) while on personal travel time: _____

Corporation use Only

Foreign Travel Insurance Premium: \$ _____

Approved by: _____ Date _____

Authorized Corporation Personnel

CT#: _____