



University Corporation at Monterey Bay

Non-Employee

Request for Approval of Travel

PLEASE TYPE (do not use abbreviations)

TR# **NE-**

| | | | | | | | | | |
|---|----------------|--------------|----------------|-----------------------|-----------------------|---------------------------------|----------------------------|--|--|
| Traveler's Name: | | | | | Email Address: | | | | |
| | | Last Name | First Name | M. I. | | | | | |
| Mailing Address: | | | | | | | | | |
| | | Street | City | | State | Postal Code | Country | | |
| Requester's Name: | | | | Dept. Contact: | | | Extension: | | |
| Inclusive Dates of Trip: | | From: | | To: | | Destination: | | | |
| Description of Meeting/Event: | | | | | | | | | |
| Role of Attendant (presenter, attendee, etc.): | | | | | | | | | |
| Describe how this travel fulfills the purpose of Grant/Fund (REQUIRED) | | | | | | ESTIMATED EXPENSES: | | | |
| | | | | | | Type | Paid by Univ. Corp. | Paid by the Traveler | |
| | | | | | | Meals | | | |
| | | | | | | Airfare | | | |
| | | | | | | Ground Trans. | | | |
| | | | | | | Mileage | | | |
| | | | | | | Lodging | | | |
| Account Distribution | | | | | | Reg. Fees, etc. | | | |
| Unit | Account | Fund | Dept ID | Program | Class | Project | Amount | Other Expenses (Please Specify) | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| TOTAL (Must equal the Maximum Amount Approved): | | | | | | Total Expenses | | | |
| This form is for <u>non-contracted services and infrequent travel only</u>. Receipts are required for all expenses incurred along with a detailed invoice. | | | | | | Maximum Amount Approved: | | | |
| | | | | | | Corporation Use Only | | | |
| | | | | | | Funds Available | | | |
| Funds Allowable | | | | | | | | | |

| | | |
|--------------------------|--------------------------------------|---------------------|
| Authorized Signer | | |
| APPROVED: | | |
| | <small>Authorizing Signature</small> | <small>Date</small> |
| | <small>Please Print Name</small> | |

Checklist:

| | |
|---|--|
| Form 204 VDR completed and attached (if new vendor/supplier)? | |
| Waiver of liability signed and attached? (unless volunteer) | |
| Honorarium form completed and attached (if applicable)? | |
| If Volunteer, paperwork on file with University Corporation HR? | |



Guidelines for the Completion of the Non-Employee Request for Approval of Travel

Traveler's Name: Enter the Traveler's name. Last name, First Name and Middle Initial.

Email Address: Enter the Non-Employee's email address.

Mailing Address: List the complete mailing address for the traveler (Street, City, State, Zip Code).

Requester's Name: This is the person requesting the Non-Employee RAT. This person can be the Principal Investigator, the Dept. Chair, the Academic Dean, or a Dept. Manager (such as the Director of an Auxiliary Service).

Dept. Contact/Phone/ext.: This is the name and extension of the contact person preparing the Non-Employee RAT. This person will be the primary contact should questions arise.

Inclusive Dates of the Trip: Enter the dates of travel to include travel time, before and after the meeting/conf., etc.

Destination: List the location of the meeting/event.

Description of Meeting/Event: Provide a brief description of the nature of the trip.

Role of Attendant (presenter, attendee, etc.): In what capacity will the attendant be serving? For example: a presenter, a lecturer, a delegate, etc.

Describe how this travel fulfills the purpose of the grant/fund: List your justification for this trip and how it fulfills the purpose of the grant or the fund being used.

Estimated Expenses: Enter the estimated expenses for the trip. All expenses need to be categorized by the type of expense (airfare, meals, mileage, etc.) and payer (paid by the University Corporation by ProCard or check or by the traveler and subject to reimbursement). These amounts need to be as accurate as possible so they can be used to truly estimate whether funds are available within the fund or the grant to cover them.

Account Distribution: Enter the complete chartstring and the amount of expenses to be charged. The total in the account distribution section must equal the maximum amount approved line in the estimated expense section.

Authorizing Signature: This signature must be the immediate signing authority above that of the requester. Please refer to Chartfield Request/Update Signature Form. If this is missing, the RAT may be returned to the originator/contact person. Please remember to date and print the name of the signer. Also note that the authorizing signature is one who can approve per the fund or project Chartfield Request/Update Signature Authorization Form.

**RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND
AGREEMENT TO PAY CLAIMS**

Activity: _____

Activity Date(s) and Time(s): _____

Activity Location(s): _____

In consideration for being allowed to participate in this Activity with one or more of the above entities, on behalf of myself and my next of kin, heirs and representatives, I **release from all liability and promise not to sue** the State of California, the Trustees of The California State University, California State University, Monterey Bay, the University Corporation at Monterey Bay, the Foundation of CSUMB, the Otter Student Union at CSU Monterey Bay, and their employees, officers, directors, volunteers and agents (collectively "University") from any and all claims, **including claims of the University's negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.**

I agree to **hold** the University **harmless** from any and all claims, including attorney's fees or damage to my personal property which may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing it freely. **No other representations concerning the legal effect of this document have been made to me.**

Participant Signature: _____

Participant Name (print): _____

Date: _____



If Participant is under 18 years of age:

I am the parent or legal guardian of the Participant. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to, from and during the Activity.** I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

I have read this two-page document, and I am signing it freely. **No other representations concerning the legal effect of this document have been made to me.**

Signature of Minor Participant's Parent/Guardian

Name of Minor Participant's Parent/Guardian (print)

Date

Minor Participant's Name