

TRAVELER INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Phone	Departure Date	Return Date
<input type="text"/>			
Purpose of Trip			

DESTINATION

<input type="text"/>	<input type="text"/>
City	Country
<input type="text"/>	<input type="text"/>
City	Country

ACCOUNT INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>
Account Number	Object Code	Amount Charged
<input type="text"/>	<input type="text"/>	<input type="text"/>
Account Number	Object Code	Amount Charged

EXPENSE ESTIMATE

Meals:	<input type="text"/>
Airfare:	<input type="text"/>
Lodging:	<input type="text"/>
Registration:	<input type="text"/>
Other:	<input type="text"/>
	<small>Specify Other</small>
Total Estimate:	<input type="text"/>

ADVANCE REQUEST

Amount of Advance Requested:
(Only 80% Advance given to Traveler)

Date Advance Needed:

Mail Hold for Pick Up

If advances for lodging, transportation, or conference registration are to be made payable to a payee other than the traveler, state payee information:

LODGING	TRANSPORTATION	CONFERENCE
<input type="text"/>	<input type="text"/>	<input type="text"/>
Payee	Payee	Payee
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	Address	Address
<input type="text"/>	<input type="text"/>	<input type="text"/>
City/State	City/State	City/State
<input type="radio"/> Mail <input type="radio"/> Hold for Pick Up	<input type="radio"/> Mail <input type="radio"/> Hold for Pick Up	<input type="radio"/> Mail <input type="radio"/> Hold for Pick Up

PRIVATELY OWNED VEHICLE USE

I HEREBY CERTIFY that I am currently a California State University, Dominguez Hills Foundation employee. If I am using a privately owned vehicle, I, a) have a current "Authorization to use Privately Owned Vehicle" form on file with the CSUDH Foundation; b) have the minimum liability insurance as required by State law; c) I have satisfied the State Defensive Driver Training requirements.

In the event that a travel advance is issued to me, I understand that the CSUDH Foundation may deduct any uncleared amount from a subsequent paycheck.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Requester Name & Title	Signature	Date

APPROVAL

This section must be completed **prior** to travel for all travelers whether or not they're receiving an advance. **In addition to signature approval, complete the CSUDH International Travel Authorization Form and attached to the travel request form.**

Link: <https://www.csudh.edu/Assets/csudh-sites/rm-ehos/docs/risk-management-ehos/risk-management-international-travel-authorization-form.pdf>

<input type="text"/>	<input type="text"/>	<input type="text"/>
Foundation Approval	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Authorized Account Signer Approval	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Director/Dean/Dept. Head	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Vice President/Designee	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
President/Designee	Signature	Date