

Group Travel Authorization Request

***All Travel Requires Prior Authorization**

(For international trips, please complete International Travel Request Form)

THIS FORM IS TO BE COMPLETED BY THE COORDINATOR OF GROUP TRAVEL

SECTION 1: TRAVEL

Purpose of Trip			
Date & Destination	Date(s):	City:	State:

Single City Multiple City

Destination	City	State
Destination	City	State
Destination	City	State

SECTION 2: TRAVELER COORDINATOR INFORMATION

Traveler Coordinator

Account Number /Object Code

Most Used Travel Object Codes

8595	Travel - Domestic	Domestic travel within the U.S. and its territories which can either be in-person or virtual.
8596	Travel - International	Travel outside the U.S. and its territories.
8597	Travel - Participant (Non F&A)	Participant Support for student travel. Excluded from IDC calculation (G&C).
8598	Travel - Students	Expenses for Student Travel.
8599	Travel - Consultants	Travel expense for Consultants

Department

Program

Cell Number

Traveling Supervisor's Name/Title

TRAVELERS		
EMPLOYEES/CHAPERONES (If not enough space, list can be attached)	STUDENTS Minors <input type="radio"/> Yes <input type="radio"/> No	Non-Employee/ Non-Student
Number:	Number:	Number:
<u>Names</u>	<u>From What School</u>	<u>Affiliation</u>

SEE GROUP TRAVEL CHECKLIST GUIDE FOR CHAPERONE RATIOS: [GROUP TRAVEL CHECKLIST GUIDE](#)

***Each Employee/Staff traveling on this group travel must complete an Authorization and Advance Request Form.**

<https://csudhfoundation.com/travel-authorization-and-advance/>

All forms should be attached to this cover page document.

SECTION 3 – PARTICIPANT ACCIDENT INSURANCE (PAI)

Overnight Travel with minors or travel with extreme sports (i.e, ziplining, horseback riding, etc.) requires Participant Accident Insurance. Do you require a quote Yes No - covered

SECTION 4: CERTIFICATIONS

By signing below I certify that all staff traveling with minors have been through the Youth Protection Training provided by HR.

By signing below I certify that my department will gather all necessary travel waivers in accordance with Foundation and CSU policies and will abide by the CSU Record’s Retention Policy. I understand that Foundation and the University have the right at any time to audit these records for compliance. [Schedules | CSU \(calstate.edu\)](#)

By signing below I certify that if it is my department’s intent to reproduce the likeness of any trip participant all necessary Audio/Video/Visual Image/Interview Release Forms will be acquired and held on file according to the CSU Record’s Retention Policy. [Schedules | CSU \(calstate.edu\)](#)

SECTION 5: APPROVALS

Traveler’s (COORDINATOR’S) Signature _____ Travel Supervisor _____

Traveling on a Grant: For Grants (Post-Award) Signature _____

***COMPLETE THE NEXT PORTION IF AN ADVANCE IS REQUIRED. IF NOT, LEAVE BLANK**

SECTION 5: ADVANCE REQUEST

Complete if Requesting an Advance

Check One Box: Estimate only Request for Advance (Prior to trip)

*Only claim meals that are allowable in the travel policy	Number of Days	Meal Totals (Max is \$55 Per Day)	Amounts Payable to Traveler	Amounts Payable to Other
Breakfast				
Lunch				
Dinner				
		Lodging		
		Transportation		
		Conference Registration		
Other (Specify)				
		Totals		
		Only 80% Advance provided to Traveler		

Mail Advance to Address: _____ Call Ext _____ for pickup. Direct Pay (Must be Enrolled)

SECTION 6: COMPLETE TO PAY VENDORS DIRECTLY

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

Payee Name	Payee Name	Payee Name
Address	Address	Address
City/State/Zip	City/State/Zip	City/State/Zip

Mail Hold for Pick Up Mail Hold for Pick Up Mail Hold for Pick Up

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***All Travel that has received an advance must reconcile the trip by completing the Travel Expense & Advance Reconciliation Form <https://csudhfoundation.com/travel-expense-advance-reconciliation/>**