

CALIFORNIA STATE UNIVERSITY, FULLERTON
BUSINESS TRAVEL AND PREPAYMENT REQUEST

DOCUMENT NUMBER _____

IF REVISION, CHECK HERE

Instructions: https://adminfin.fullerton.edu/finance/ap_travel/services/travel/

TRAVELER'S INFORMATION

Faculty / Staff Student Employee (job related) Student Employee (non-job related) Student
Traveler's Name _____ CWID _____
Title _____ Prepared by _____
Department Name _____ Phone Number _____
Department ID _____ E-mail _____

BUSINESS TRIP DETAILS AND PREPAYMENT REQUEST (Completed [Detail Summary of Travel Expenses Form](#) must be submitted with Travel Request)

University Business Purpose of Trip _____
Trip Destination (city/state or city/country) _____
Trip Dates (departure date) _____ (return date) _____ Yes No
Is any portion of this travel personal? (Personal combined with international business travel may be subject to tax. Email Tax Office at csuftaxoffice@fullerton.edu) Yes No
List **date(s) and location** of personal travel _____
An international trip occurring after August 26, 2016 is considered entirely for business if at least one of the following four exceptions is met (Select appropriate boxes):
 The employee does not have substantial control over arranging the trip Less than 25% of total time is spent on personal activities
 Travel outside of the U.S., combining business and personal time, is for a week or less Vacation is not a major consideration in planning the trip
Foreign Travel - Submit travel request 4 – 6 weeks prior to departure date (6 – 8 weeks prior to departure date for high hazard countries): Yes No
Have you obtained the required foreign travel liability insurance from the Office of University Risk Management? Any questions, call ext 7346..... Yes No
If no, complete Foreign Travel Liability Insurance Form. Link is <https://hr.fullerton.edu/InternationalTravel/Login.aspx>.
If country is deemed high hazard, travel will require Chancellor's Office approval. Office of University Risk Management will notify traveler.
Check appropriate box..... University P-Card Travel Prepayment (reg fee) Cash Posting Request
Travel Prepayment for Registration Fee (University check payable to vendor on the registration form / Attach a copy of the registration form):
Payable To: _____ Amount _____ Required Date _____

DEPARTMENT ID AND AMOUNT TO BE CHARGED

Account(6)	Fund(5)	Dept(5)	Program(4)	Class(5)	Project(8)	
State Funds:	_____	_____	_____	_____	_____	(registration fees, attach copy of form)..... Amount _____
State Funds:	_____	_____	_____	_____	_____ Amount _____
State Funds:	_____	_____	_____	_____	_____ Amount _____
State Funds:	_____	_____	_____	_____	_____ Amount _____
IRA Funds (ASI):	_____	_____	_____	_____	_____ Amount _____
CSFPF Funds:	_____	_____	_____	_____	_____ Amount _____
CSUF ASC Project #:	_____	_____	_____	_____	_____	<input type="checkbox"/> * Sponsored Programs <input type="checkbox"/> ** Other (describe) _____ Amount _____

* If using both State and ASC Sponsored Program funds, include explanation for use of state funds in Business Purpose of Trip. Total Amount Requested _____
** Other _____ Authorized Amount Not To Exceed (optional) _____

TRAVELER'S SIGNATURE

I HEREBY CERTIFY the above travel is necessary to conduct official business on behalf of California State University, Fullerton and agree to submit my Travel Expense Claim within 60 days from the return date.
I HEREBY CERTIFY THAT, IN DRIVING A VEHICLE FOR OFFICAL STATE BUSINESS, I have complied with the Requirements for Driving on University Business provided in the following link:
<https://hr.fullerton.edu/riskmanagement/drivingoncampus/Requirements.php> (Does not apply to Students or Student Employees - Non-Job related)
Will lodging exceed \$333 per night, excluding taxes, for travel in-state, out-of-state including Alaska, Hawaii and US possessions? (effective April 18, 2024) Yes No
If yes, describe the business purpose to stay within certain facilities at a rate above \$333. VP/Designee signature below will serve as pre-approval to exceed the rate.

TRAVELER'S SIGNATURE _____ DATE _____

APPROVAL SIGNATURES

I HEREBY CERTIFY a) I have authorization to approve in-state, out-of-state, international travel and lodging in excess of \$333 per night in accordance with the CSUF Travel Policy; b) this travel is necessary for conducting business on behalf of the University; c) if foreign destination is on the State Department's travel warning list, I have read and understand the travel warning for the country to which I am authorizing travel; d) travel will be in accordance with the CSUF Travel Procedures and Regulations; and, e) *state funds have not been used to subsidize any activities funded through sponsored programs.
ADMIN UNIT/DEPT CHAIR _____ DATE _____ AVP/DEAN _____ DATE _____
VICE PRESIDENT/DESIGNEE _____ DATE _____
PRESIDENT APPROVAL - REQUIRED FOR ALL INTERNATIONAL TRAVEL (INCLUDING U.S. POSSESSIONS) AND EXCEPTIONS TO THE CSU TRAVEL RESTRICTIONS
CSUF PRESIDENT/DESIGNEE _____ DATE _____