

AUTHORIZATION TO TRAVEL ON STATE BUSINESS

NAME OF TRAVELER _____ TODAY'S DATE _____

HOME ADDRESS _____
Street City State Zip

WORK ADDRESS _____
College/Department email address Extension

PURPOSE OF TRAVEL: _____

EXPECTED TRAVEL EXPENSE: _____ + _____ = _____
Paid by Cal Poly Traveler/Others to Pay Total Expense

EXPECTED LODGING \$ _____ /per night _____
Indicated Amount Approved by President/Vice President or designee

JUSTIFICATION FOR LODGING EXPENSE EXCEEDS ALLOWED AMOUNT: _____

DATES OF OFFICIAL STATE BUSINESS From _____ To _____
Date and Time Date and Time

DATES OF PERSONAL TRAVEL From _____ To _____
Date and Time Date and Time

DESTINATION(S) _____ TRAVELING BY _____
Air, Automobile, Etc. *

I certify that the above information is true and correct.

A. Certification of Minimum Liability Insurance Requirements and Condition of Vehicle

I certify that I have liability insurance in at least the following amounts: \$15,000 for personal injury to, or death of, one person, \$30,000 for personal injury to two or more persons in one accident, \$5,000 for property damage. I further certify that my vehicle is adequate for the work performed, equipped with seat belts and in safe mechanical condition; that a current Privately-Owned Vehicle Insurance Certification Form STD 261 is on file with my supervisor; and that any accident which may occur while the vehicle is being operated on State business will be reported within 48 hours on Form STD 270. I have satisfactorily completed a CSU Approved defensive driving course. I am in possession of a valid California or other State driver's license. I certify that I have not been issued more than three moving violations or have been responsible for more than three accidents (or any combination of more than three thereof) during the past twelve month period.

 Traveler Signs Here

Name of person preparing form if different than traveler _____ Extension _____

THE PERSON NAMED ABOVE HAS BEEN APPROVED FOR STATE TRAVEL AS DESCRIBED.

Approved by (Name)	Title	Signature	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FUNDING SOURCE - PEOPLESFT CHARTFIELD STRING

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____	_____
<small>ACCOUNT (6 DIGITS)</small>	<small>FUND (6 DIGITS)</small>	<small>DEPT. ID (5 DIGITS)</small>	<small>PROGRAM (4 DIGITS)</small>	<small>CLASS* (5 DIGITS)</small>	<small>PROJECT* (5 DIGITS)</small>	<small>Amount</small>	<small>Approval</small>

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____	_____
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* When CLASS field IS C2XXX, then PROJECT field must be same as CLASS field

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