	al Services
Cal Poly Pomona Foundation	Finence

TRAVEL AUTHORIZATION AND EXPENSE REPORT CAL POLY POMONA FOUNDATION, INC.

Cal Poly Pomons			•												
					nber is not generated, follow \longrightarrow					#					
See Tra	vel polic	y for pre-approval req	uirement.		instru	ctions o	n the	right sc	reen:				-		
NAME OF TRAVELER Last, First, M.I.								DEPART	IENT						
HOME AD	DRESS							x4665		PLS	ACCO	UNT(S) TO BE CHAR	CED		
	DALGO										ACCO	UNI(3) TO BE CHAR	GED		
CTREET												TO BRONICO BUCK			
STREET											ADD TO BRONCO BUCKS (for Accounts Payable Only)				
СПҮ					STATE ZIP					190010-2352 \$ -					
DATE		FROM DEPARTURE/RETURN				TRANS. MODE					ADV/	ANCE REQUEST ON	LY		
	-								Bus TRANSPO				\$	-	
									Bus	MISCELLA	NEOUS				
		ATES OF BUSINESS	•							TOTAL			\$	-	
FURFUS		ATES OF BUSINESS	•												
Lcertify	that ar	ny vehicle I operate v	while on Ca	l Poly Po	mona Foi	Indation	Inc hu	siness co	mnlies with mi	nimum sta	e real	urements regarding i	nsurance co	werage safety	
		condition, and that I													
(60) bus TRAVELER		days after my return.				DATE:			AUTHORIZED SIG				DATE:		
THOULLER.										eri one.					
*For all	Interna	tional travel please	see link be	low:		Prior app	<mark>proval - U</mark>	Iniversity e	mployee use Stat	te Form for a	<mark>ll travel</mark>		DATE:		
	<u>(</u>	CSU International	Travel Po	<u>licy</u>		Prior app	<mark>oroval - F</mark>	oundation	employee use this	s form intern	ational 1	travel only.			
								THIC DAY			-070				
(1) MONTH		TRAVEL EXPENS	E DETAII	- (5)	MEALS	DUE DU	(6)	*(7)	S UPON RETU		RIF		*(8)	(9)	
(2)				\$11.00	\$17.00	\$27.00	\$7.00		TYPE USED &	CARFARE,		TE CAR USE		TOTAL	
DATE	TIME	WHERE EXPENSES WERE INCURRED	LODGING	BREAK- FAST	LUNCH	DINNER	INCIDEN- TALS	COST OF TRANS.	R/T MILEAGE	TOLLS, PARKING	Rate MILES	\$0.58 AMOUNT	5 BUSINESS EXPENSE	EXPENSES FOR DAY	
	+														
	+														
	-				<u> </u>										
(10)	SUBT	OTALS:													
	CLAI	M TOTAL			Prepa	red by:		1	1				\$		
(11) Re	emarks	- Explanation of Busi	ness exper	nses for l		0007				(12) Les					
										(13) Les	s PCarc	ł			
Instruc	tions:							Copy to Br	onco \$ Office	(14) Due					
(17) Ag	dd to B	ronco Bucks, Please	Enter:					Bronco \$ a	(AP initial) added			ch check) to Bronco \$			
	mount		Bronco I	D #					(BB office init.)	(16) Che					
		certify that the abov													
		nis expenditure bene licy, and that all item								e statutes	, Board	of Trustee policy			
CLAIMANT'S				DATE		(19) AUTHO							DATE		
				1											

* Original receipts for items (4),(7) and (8) must be attached.