CALIFORNIA STATE UNIVERSITY, CHICO
FINANCIAL SERVICES

ACCOUNTS PAYABLE
KENDALL HALL ROOM 208
CHICO, CA 95929-0243
530-898-6426
www.csuchico.edu/ap

Travel Request Approval

Required for all
CSU, Chico State Funded
Non-Employee Essential Travel

This form must be completed prior to any University related travel. Please fill out form in its entirety and obtain necessary approval. For detailed information on CSU travel policies, please consult the CSU Travel Policies and Procedures located at *www.csuchico.edu/ap.*

TRAVELER INFORMATION

Chico State ID: _____ Traveler Name: _____

Campus Dept and ZIP: _____ Contact/Preparer & Ext.: _____

Name of Other State Employee(s) or Student(s) also traveling: _____

TRIP INFORMATION

Travel Type: ☐ In State ☐ Out of State ☐ Team Travel ☐ International Travel *(30 day pre-approval required)*

Travel Dates (to/from): _____ Personal Travel Dates if Any: _____

Destination: _____

Purpose of Travel, including role and why travel is mission critical. *If Faculty under VPAA traveling during AY please explain how classes will be covered in your absence:*

CLAIM INFORMATION: FORM OF PAYMENT/REIMBURSEMENT

☐ Travel Claim to be Filed ☐ BTA or CRBTA ☐ No expenses/No claim to file

☐ Chico State Enterprises funded—Partial *(please send a copy of this form to Chico State Enterprises in lieu of completing their travel request)*

TOTAL ESTIMATED EXPENSES *(please complete if any expenses will be incurred)*

Transportation:

- Private Car *(# of miles _____)* 0.00
- Rental Car *(National/Enterprise)* _____
- Air _____
- Bus/Rail/Shuttle/Taxi _____

Registration/Tuition _____

Lodging *(*rate p/night _____)* _____

Meals _____

Other _____

Total: $0.00

**Subject to $275 room rate p/night lodging limit.*
VP/Provost/President Approval: *If requesting full reimbursement, attach justification for room rate.*
Initials: _____

STATE CHARTFIELD *(maximum reimbursement amount authorized)*

Account	Fund	Dept. ID	Program (Optional)	Class (Optional)	Amount
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AUTHORIZATION

Traveler: _____
SIGNATURE PRINT NAME DATE

Appropriate Admin/Chair: _____
SIGNATURE PRINT NAME DATE

Dean/Assistant Vice President: _____
SIGNATURE PRINT NAME DATE

Provost/Vice President: _____
SIGNATURE PRINT NAME DATE

President: _____
SIGNATURE PRINT NAME DATE

(Office Use Only) TRV# _____ DDT Verification: Y/N (Date Employee Notified: _____)