



Traveler's Status (select one)					
Campus Employee	Foundation Employee	CSULB Student	Non-CSULB Student	Volunteer	Guest/Other

**TRAVELER'S INFORMATION AND TRIP DETAILS**

Traveler Name	Campus ID	Campus Email	Request Date
Traveler Address	Department Name		Dept. Ref. #
Traveler City, State and Zip	Department Contact		
Destination (City, State, Country and Zip)	Travel Dates From _____ To _____		
Personal Days: From _____ To _____	Personal Days Estimate	Total Business Days	
Travel is:	With Students	Without Students	Domestic Foreign
Vehicle used for transportation:	Private	Rental	State Owned
Justification or purpose for trip (please be specific and note any personal days or justification for exceeding lodging maximum)			

**DIRECT BILLING** (if using Giselle Global, scan and email copy to corporateres@globaltrav.com or BT@globaltrav.com and CC to ap-travel@csulb.edu)

Will any part of this trip be paid for in advance by the University?			
via Giselle's Global	Airfare *	Rental Car *	<b>OR</b> Booked by employee, to be reimbursed
Campus Guest	Hotel	Location	Reservation Number

**CASH ADVANCES** (International or Student Group only)

Advance Amount Requested:	Needed By:	Call:	for pick-up	Ext:
(Cash advances are released to Payee no earlier than 15 days prior to departure. Email a copy of the request to ap-travel@csulb.edu)				

**CHARTFIELDS AND FOREIGN TRAVEL INSURANCE PROGRAM (FTIP)**

Foreign travel requires insurance. FTIP will be charged to the same chartfields as your trip unless indicated otherwise on the last line

BUSINESS UNIT	AMOUNT	ACCOUNT	FUND	DEPT ID	PROGRAM	CLASS	PROJECT
FTIP		660010					
TOTAL AMOUNT							

Check if lodging exceeds CSU established maximum of \$275.00 per night excluding taxes

**STATEMENT OF TRAVELER RESPONSIBILITIES**

**I, the undersigned, hereby acknowledge** my responsibility to review and comply with the University travel procedures, guidelines and any applicable State Laws. I hereby certify that, if I drive a motorized vehicle during the course of this trip, I am an authorized University driver. I additionally certify that I have **(1) a valid California driver's license, (2) insurance as is required by California state law and (3) completed the University's defensive driving program within the last four years if applicable.**

**I further acknowledge my responsibility** to file a travel claim within 30 days from the completion of this trip.

Traveler Signature	Date	Appropriate Administrator - Print Name
Other Academic Department Signature	Date	Appropriate Administrator - Signature Date

Traveler Name		Employee ID
Destination		Reference Number
Travel Dates:	From	To

**ESTIMATED TRAVEL COSTS**

1. Transportation	Amount
Personal Car Mileage	
Rate - Effective 01-01-2024	
Personal Car Dollars	
Airfare	
Bag Fees	
Rental Car	
Rental Car - Gas	
Shuttle, Taxi	
Public Transportation	
Parking - Airport	
Parking - Destination	
Tolls	
Other Transport	
<b>Total Transportation</b>	

2. Lodging	Amount
Days	
Nightly Base Rate	
Subtotal @ Nightly Base Rate	
Tax Estimate	
Misc	
<b>Total Lodging</b>	

3. Meals and Incidentals	Daily Rate	Amount
Federal Per Diem Rate	\$	
First Day (75% of rate)		
Number of Full days		
Last Day (75% of rate)		
Misc Adjustment ?		
<b>Total Meals and Incidentals Estimate</b>		

4. Registration/Conference & Misc	Amount
Registration/Conf Fees	
Office Supplies	
Laundry	
AV Rental at Hotel	
Other	
<b>Total Misc</b>	

5. Summary	Amount
Expense Category	
Transportation	
Lodging	
Meals and Incidentals	
Registration and Misc	
<b>Trip Total</b>	

**NOTE:** Lodging base rates in excess of the CSU \$275 per night maximum excluding taxes require additional approval, see instructions for further details

Justification (for exceeding lodging maximum and/or other notes)