

TRAVEL AUTHORIZATION REQUEST FORM

	Employee		☐ Volunteer		Stud	ent	Oth	er	_	
Last Name					First Na	ame		Department		
Prepared By					Extension			Date of Request		
Departure Date:					Return Date:					
Purpose:										
Transportation Appl	roved									
Air Personal Car					Rental Car Oth			Other		
Meals - Meals						m rates ba	sed on location	on as set by:		
Continental U.S.(GSA) https://www.gsa.gov/travel/plan-book/per-diem-rates Alaska, Hawaii, & U.S. territories: DoD [Foreign & Non-Foreign Rates] https://www.travel.dod.mil/Travel-Transportation-Rates/Per-Diem/Per-Diem-Rate-										
Lookup/International%20Rates%20(State%20Dept)/										
International: (State Department) https://aoprals.state.gov/web920/per_diem.asp # of travel days - employees & students: the range for domestic per diem rates is \$59-									er diem rates is \$59-79	
per diem rate - que:						uests (candidates, contractors, etc.) will be paid \$59 per day				
Meals & Incidentals Maximum Note: 2 of the travel days are calcuated at 75% of the per diem rate because per diem for the first and last days of are paid at 75%.										
								,		
Expense Estim										
Meals & incidentals (calculate above) - use per diem rates according to location \$\frac{\\$\$}{} Supervisor Comments/Restrictions										
Air Fare										
Registration Fees** ProCard										
Mileage Effective Jan 1 - Dec 31, 2024 x \$0.670										
Lodging (maximum rate \$333/night unless preapproved by VP). Exception: if the conference is held at the hotel, rates above \$333 don't need VP approval as long as the claim includes a clear note that it's the conference hotel.										
Miscellaneous (taxis, parking, tolls, etc.)										
Car Rental, gas, shuttle, train etc.										
Total Trip Estim					nate		\$ -			
Adjusted trip estimate less any limits or restrictions										
** Registration fees should be paid on a ProCard.										
							if the "Total Trip	Estimate" has bee	en fully allocated below,this total will be \$0.	
Business	Unit	Fund	Dept	Account	Program	Project	Class	Amount	\$ -	
Choose One:	•									
Choose One:	•									
Choose One:	•									
Traveler Signature					Title				Date	
Administrator Signature					Title				Date	
Cabinet Approval Signature - if required							 Date			
International Travel										
If traveling outside of the United States, you must purchase additional insurance coverage. Please contact Safety and Risk Management at srm@csub.edu for more information and route for their signature.										
			Yes	□ No			o.g.iatait			
Additional Insurance purchased? Yes INO Safety & Risk Management Signature										

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