

**HUMBOLDT STATE UNIVERSITY
REQUEST FOR AUTHORIZATION TO TRAVEL
FACULTY**

New Document	<input type="checkbox"/>
Revised	<input type="checkbox"/>
Cancel	<input type="checkbox"/>

INSTRUCTIONS:

- A. Complete this form and submit it to the appropriate college dean for approval.
- B. Forward the original signed authorization to Accounts Payable **at least** five working days prior to travel. Please give additional lead time when requesting advances which involve deadlines (i.e., registrations).
- C. Enter the time of day using a twenty-four hour clock.
- D. When submitting changes/revisions to an authorization, highlight and indicate the nature of the change(s).

1.	Traveler's name (s) (If students are participating, please attach a list of names):						
2.	Purpose of the trip:						
3.	Destination:						
4.	Mode of travel:						
5.	Departure date:	Time:	Return date:	Time:			
6.	Total estimated cost of trip (include direct billed airfare or vehicle. Exclude employee salary): \$						
7.a	Department to be charged:						
		Account	Fund	Department	Program	Class	Project
7.b	PeopleSoft chartfields						
8.	Travel advance requested? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, amount \$						
Travel advance instructions:							
9.	Signature of traveler:					Date:	
---- FOR FACULTY USE ONLY ----							
During my absence the following coverage will be provided for my classes:							
Class:			Days/Hours:		Coverage:		
Class:			Days/Hours:		Coverage:		
Class:			Days/Hours:		Coverage:		
Class:			Days/Hours:		Coverage:		
Class:			Days/Hours:		Coverage:		
ROUTE FOR APPROVAL:							
10. In approving this travel request, I certify that: 1) If a motor vehicle is used, the employee has completed a defensive driving class and has a current defensive driver card; and 2) if a private motor vehicle is used, the employee has a current Form Std. 261, Authorization To Use Privately Owned Vehicles on State Business, on file in the department.							
Department Chair:					Date:		
College Dean or Vice President for Academic Affairs:					Date:		

Distribution: Original: Accounts Payable
Copy: Plant Operations (when rental vehicle travel originates from HSU)
Copy: Department