HUMBOLDT STATE UNIVERSITY
REQUEST FOR AUTHORIZATION TO TRAVEL
ADMINISTRATORS AND STAFF

New Document ☐
Revised ☐
Cancel ☐

Instructions:

A. Complete this form and submit it to the appropriate administrator for approval. (If authorized, you will be notified by the appropriate administrator.)

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) _____ Position: _____

_____ _____

2. Purpose of the trip: _____

3. Destination: _____

4. Mode of travel: _____

5. Departure: _____ / _____ Return: _____ / _____
(date) (time) (date) (time)

Scheduled meetings begin: _____ / _____ And end: _____ / _____
(date) (time) (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	Dept	Program	Class	Project
7.b PeopleSoft chartfields						

8. Travel advance requested? Yes ☐ No ☐ If yes, amount $ _____

Advance instructions:

9. Signature of traveler: _____ Date: _____

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.***

Approved: _____ Date: _____
Administrator

Approved: _____ Date: _____
President
(for exceptions to policy)

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

RESET FORM