Clear Form

Print Form

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 Fiscal Affairs **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 **(exclusive of state car and employee salary):** $ _____

7. Department to be charged: _____ FRS Account No. _____

7.a PeopleSoft Chartfields	Account	Fund	Dept	Program	Class	Project
7.b Chartfield Acct. Nos.						

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

Advance instructions: _____

9. State vehicle needs (Indicate number and type): _____ MVO Acct. No. to be charged: _____

10. Signature of traveler: _____ Date: _____

11. ***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: Fiscal Affairs
Copy: Plant Operations (when a University vehicle is used)
Copy: Department