





TRAVEL INFORMATION

Employee Name: _____ **Empl ID:** _____
Department: Mechanical Engineering **Phone:** _____
Departure/Return: From: To:
Destination: _____
Purpose of Trip: 
  My per night lodging expenses will exceed \$195, excluding taxes. As required, written justification is attached. For more information please see Accounts Payable's [frequently asked questions](#)
  I am driving a private vehicle and have completed an **Vehicle License #:** _____
  Authorization to Use Privately Owned Vehicle Form (Form 261)

STATE FINANCIAL INFORMATION (Including University Campus Programs)

Fund	DeptID	Account	Program	Class	Project/Grant	Amount

Travel Advance Request: Amount: _____ Date Needed: _____
 State Expenses not to exceed: \$ _____ -

PLEASE NOTE THE FOLLOWING:

- 1) Travel advances must be requested at least 15 business days prior to departure.
- 2) Travel advances requested more than 30 days prior to departure require a written justification. In the box below, please explain why this travel advance is being requested more than 30 days prior to departure and attach any substantiating documentation.

Explanation:

CAL POLY CORPORATION FINANCIAL INFORMATION (All Other Org Key #'s)

CPC Request:

OrgKey	ObjCode	Amount

CPC Expenses Not to Exceed _____
 Date Needed: _____

CERTIFICATION AND APPROVAL INFORMATION

I certify that if I am driving a privately owned vehicle that I have liability insurance in force in at least the following amounts: \$15,000 for personal injury to, or death of, one person, \$30,000 for personal injury to two or more persons in one accident, \$5,000 for property damage. I further certify that my vehicle is adequate for the work performed, equipped with seat belts and in safe mechanical condition, and that any accident that may occur while the vehicle is being operated on State business will be reported to my supervisor within 48 hours using Form STD 270.

Traveler: _____
 signature print name date
 In accordance with CSU Policy, this travel serves mission-critical needs for the University.
Approving Official ‡ _____ James Widmann Ph.D. Department Chair
 signature print name print title date

International Travel Requires the Following Additional Approvals:

Dean _____
 signature print name date
Provost _____
 signature print name date

‡ Must have signature authority on chartfields listed, and hold an employment classification of MPP, Dept. Head, Dept. Chair or Confidential