

This form must be completed prior to any university related travel by non-SJSU employees. Fill out form in its entirety and obtain necessary approval. For detailed information on CSU travel policies, please consult the [Travel Guide](#)<sup>1</sup> located in the Finance website. Attach the original and completed Travel Approval Request form with the Travel Reimbursement Request. For SJSU employees, please submit a Travel Authorization request online in [FTS](#)<sup>2</sup>.

**I. Department**

Department: _____	Contact Name: _____
Phone Number: _____	Email: _____
Reference Number <sup>3</sup> : <b>PTR</b> _____	

**II. Traveler**

Name: _____	Email: _____
Phone Number: _____	
University Affiliation:      Auxiliary Employee      Student      Other (specify): _____	

**III. Trip Information**

a. Travel Type:	Business Related	Team Travel	Field Supervision Travel
	Travel Paid by Non-University Funds		
b. Destination:	In State	Out of State	International Travel <sup>4</sup>
c. City/State/Country: _____	Travel Dates: _____		
d. Purpose of Travel: _____			

**IV. Estimated Expenses**

Transportation:	\$	_____
Registration:	\$	_____
Lodging:	\$	_____
Meals:	\$	_____
Other:	\$	_____
<b>Total:</b>	\$	=====
<b>Amount Approved:</b>	\$	_____

**V. Advance Requested**

*For international travel only. Restrictions apply. Generally not available to non-SJSU employees. Request granted on a case by case basis.*

Amount: \$ \_\_\_\_\_

Traveler Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**VI. Funding Source/Chartfields**

	Account	Fund	DeptID	Class (optional)	Project (optional)	Program (optional)	Amount
a.							
b.							

c. **If this trip is funded by Foundation, indicate the account number<sup>5</sup>:** \_\_\_\_\_

<sup>1</sup> [http://www.sjsu.edu/fabs/docs/travel\\_guide.pdf](http://www.sjsu.edu/fabs/docs/travel_guide.pdf)

<sup>2</sup> one.sjsu.edu

<sup>3</sup> Prefix is PTR and department assigns the number. Suggested format for number is DeptID – Fiscal Year – Number Sequence. Examples: PTR1533-2016-1 and PTR1533-2016-2. Fiscal Year is the first year of the period; for example: 2016 is fiscal year 2016-2017 and 2017 is 2017-2018.

<sup>4</sup> Must be approved 30 days prior to travel. Refer to page 2 for additional requirements.

**Traveler Name:** \_\_\_\_\_ **Reference Number: PTR** \_\_\_\_\_

**VII. Authorization Signatures**

a. Traveler:	_____	Date:	_____
b. Supervisor/Department Chair:	_____	Date:	_____
Supervisor/Department Chair (print name):	_____		
c. Dean/AVP:	_____	Date:	_____
Dean/AVP (print name):	_____		
d. Vice President/Provost <sup>6</sup> :	_____	Date:	_____
Vice President/Provost (print name):	_____		
e. President <sup>7</sup> :	_____	Date:	_____
President (print name):	_____		

**VIII. For International Travel Only**

Insurance is required for SJSU employees on international travel. For information, please contact the University Risk Manager in the [Finance and Business Services Office](#)<sup>8</sup> at 408-924-2159.

Is this travel part of a faculty-led program or a study abroad program where travel insurance is included in the program?

Yes                  No

**IX. Distribution of Form**

College/Department/Unit (copy)

University Risk Manager, email copy to [risk-management-group@sjsu.edu](mailto:risk-management-group@sjsu.edu)

Payment Services Travel Specialist, email to [non-employee-travel@sjsu.edu](mailto:non-employee-travel@sjsu.edu)

<sup>5</sup> For informational purposes only.

<sup>6</sup> Required for international travel and/or when lodging exceeds \$275 per night.

<sup>7</sup> Required for international travel.

<sup>8</sup> <https://www.sjsu.edu/fabs/services/risk/index.php>