

P.O. Box 720130 - San Jose, CA 95172-0130 - Ext. Zip: 0139

408-924-1400 - 408-924-1499 (fax)

Research Foundation (SJSURF) employees, project participants, and SJSU students must complete this form prior to any SJSURF business related travel. The form must then be emailed to the SJSURF analyst. The requestor will receive an email from the Accounts Payable Office when travel has been approved. SJSURF employees, SJSU faculty, and staff may also use this form to request a travel advance. Note: SJSU faculty and staff may use this form for approval when travel occurs on a non-duty day.

Select One:	SJSURF Employee	SJSU Faculty/Staff	SJSU Student	Other (specify):
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**I. Traveler and Trip Information**

Today's Date: \_\_\_\_\_

Traveler Name: _____	Account#: _____
Position/Title: _____	Phone#: _____
Trip Requisition #: _____	Email: _____
Home Address: _____	
Travel Dates: _____	
Purpose of Travel: _____	
Destination(City, State, Country): _____	

**II. Estimated Expenses (Required)**

Transportation:	\$ _____
Registration, Fees:	\$ _____
Lodging:	\$ _____
Meal:	\$ _____
Other(specify):	\$ _____
<b>Total:</b>	<b>\$ _____</b>
Amount Estimated:	\$ _____

**III. Complete if Travel Advance is Requested**

*Restrictions apply. Only available to SJSU faculty, staff and SJSURF employees. Students are not eligible. Request granted on a case by case basis.*

Amount Requested: \_\_\_\_\_

Routing:      Mail to Payee      Hold for Pickup  
                  Mail Intercampus      Ext. Zip:

**IV. Authorization Signatures (Required)**

Traveler:	Signature: _____	Date: _____
Direct Supervisor:	Print Name: _____	
	Signature: _____	Date: _____
*Account Signer:	Print Name: _____	
	Signature: _____	Date: _____

(\*required if supervisor is not an account signer. if Dean/AVP approval is required for Non-High Hazard travel use box "V" below )

**V. Authorization Signatures for High Hazard International Travel (Refer to Travel Policy for Additional Information)**

Dean/AVP:	_____	Date: _____
Provost:	_____	Date: _____
President:	_____	Date: _____

**Note: High Hazard International Travel also requires Chancellor Office Approval. Refer to Travel Policy for details.**

**For SJSURF Internal Use Only (If advance requested)**

Invoice Number/Date	Amount	Account Number/Object Code	Authorization/Date
			OSP:
			A/P:
			PYMT: