



## 2019 INTERNATIONAL TRAVEL REQUEST

**To be completed and approved with all required approval signatures prior to incurring travel expenses.**

Name:		Email:		Phone:	
Department:		Travel Type:		Leaving From:	
Destination Country:		City:		# of Emp.:	# of Part.:
Purpose of Trip:			Date of Trip From:		To:

### ESTIMATED TRAVEL EXPENSES

Meals _____	Breakfast: _____	Lunch: _____	Dinner: _____	Notes: _____
Mileage _____	# Miles _____	DD Cert Exp Date: _____		
Incidentals _____	Notes: _____			
Registration _____	Payment: Reimbursement	ProCard	Notes: _____	
Lodging _____	Payment: Reimbursement	ProCard	Notes: _____	
Other _____	Payment: Reimbursement	ProCard	Notes: _____	
Airfare + Baggage _____	Payment: Reimbursement	ProCard	Notes: _____	
Transportation Type _____	Payment: Reimbursement	ProCard	Notes: _____	
Transportation Type _____	Payment: Reimbursement	ProCard	Notes: _____	
Transportation Type _____	Payment: Reimbursement	ProCard	Notes: _____	

<b>Total Estimated Expenses:</b>	
----------------------------------	--

### ADVANCE REQUEST ON REIMBURSABLE EXPENSES @ Maximum 90% of Estimated Travel Expenses (Minimum of \$100)

Advance Amount \$: \_\_\_\_\_ \*Will be issued w/in 2 weeks of travel      Date Needed: \_\_\_\_\_      Direct Deposit: \_\_\_\_\_

Mail to: \_\_\_\_\_      Cashiers, Notify: \_\_\_\_\_

### PAYMENT DETAIL

	Account	Fund	Dept ID	Project	Class	Amount			Account	Fund	Dept ID	Project	Class	Amount
Chartfield String:	Project 1						Chartfield String:	Project 2						
Travel PO # if applicable							<b>Must equal "Total Estimated Travel Expenses"</b>							

I HEREBY CERTIFY that I am a CSUSM and/or CSUSM Corporation employee and that a) All travel expenses listed above are necessary and supported by a CSUSM Corporation business program/purpose. b) If I am using a private vehicle I have complied with the defensive driving requirements. c) I will submit a Travel Expense Claim form within 30 days of my return. I understand that trips taken without prior approval may not be eligible for reimbursement. d) I have made arrangements for my work/classes to be covered in my absence. e) I am personally responsible for repayment of the advanced amount if I fail to meet the above requirements.

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

### OSP GRANT TRAVEL APPROVAL (85xxx)

PI/Funding Authority:	PRINT NAME _____	SIGNATURE _____	Date: _____
Supervisor/Dean:	PRINT NAME _____	SIGNATURE _____	Date: _____
Dean of Graduate Studies and Research:	_____		Date: _____
Provost/VP (international only):	_____		Date: _____
President (international only):	_____		Date: _____
CSUSM Corporation:	_____		Date: _____

### CAMPUS PROGRAM AND CSUSM CORPORATION STAFF APPROVAL (86xxx or 81xxx)

Supervisor/Dean:	PRINT NAME _____	SIGNATURE _____	Date: _____
Funding Authority:	PRINT NAME _____	SIGNATURE _____	Date: _____
Vice President/Provost (if applicable):	_____		Date: _____
President (international only):	_____		Date: _____
CSUSM Corporation(if applicable):	_____		Date: _____



# INTERNATIONAL TRAVEL REQUEST FORM INSTRUCTIONS

This form is to be filled out anytime a staff or student employee is traveling internationally for CSUSM Corporation business related purposes. This form needs to be completed and signed by the required approving authorities prior to incurring any travel expenses, or even if there are no expenses associated with this trip.

## PRIOR TO FILLING OUT FORM, SAVE IT TO YOUR COMPUTER

Fill out all personal information for the traveler. Name, Email, Phone, and Department.

- Type of Travel      Select the type of travel you are planning. If you are traveling for group/programmatic purposes, make sure to select one of the "Group" options.
- Leaving From      Select your departure location. Mileage reimbursement will be based on your selection.
- Destination      Indicate the Country and the City where travel will be taking place.
- # Employees      Number of staff and student employees that will be traveling together.
- # Participants      Number of participants (participants are NON-staff and NON-student employees).
- Purpose of Trip      Reason for traveling and/or title of training or conference attending.
- Date(s) of Trip      Date when employee is departing and date when employee is returning.
- If traveling with participants, they all must have the following documents on file:  
[Release of Liability](#)      [Student Conduct Agreement](#)
- Estimated Expenses      Fill out all dollar amounts that pertain to your travel. If you are the LEAD on a group trip and paying for items for other travelers, you may also fill out those expenses here. Make sure to check the appropriate (reimbursement or ProCard) box next to the cost estimate for each expense. If you are requesting an advance for any or all expenses, you will check the "reimbursement" box.
- Meals      Refer to [https://aoprals.state.gov/content.asp?content\\_id=184&menu\\_id=78](https://aoprals.state.gov/content.asp?content_id=184&menu_id=78) for per diem rates on meals. Subtract out any meals which will be provided by the conference/training.
- Mileage      Enter the number of miles only, the form will calculate the reimbursement. The current reimbursable rate is \$0.58/mile. Use Google Maps or another website to calculate the directions from "leaving from" location to destination and back. If the traveler can use air travel and chooses to drive, reimbursement will be at the rate per mile or the equivalent of a round-trip airfare, whichever is less.
- Defensive Driver Certification expiration. In order to receive a mileage reimbursement.**
- Incidentals      Refer to [https://aoprals.state.gov/content.asp?content\\_id=184&menu\\_id=78](https://aoprals.state.gov/content.asp?content_id=184&menu_id=78) for per diem rates on incidentals.
- Registration      Conference/training expense registration amount. If a conference or other event is requesting a check be mailed for payment. Please include payment address in NOTES.
- Lodging      Refer to [https://aoprals.state.gov/content.asp?content\\_id=184&menu\\_id=78](https://aoprals.state.gov/content.asp?content_id=184&menu_id=78) for per diem rates on lodging.

If an exception is requested to the maximum dollar amount rate, additional documentation must accompany the Travel Request form. Include the reason why an exception is being requested and the requested increase amount. Must be approved by the CSUSM Corporation Executive Director or designee.

Other	Other expenses that will not fall into one of the categories listed.
Airfare + Baggage	Travelers are advised to select the lowest fare offered online or through a travel agency.
Transportation	Indicate in the NOTES section from the drop down menu the type used. These may include taxi/shuttle, train ticket cost, parking fees, toll roads or bridges, car rental, car rental fuel, etc.  If more than 3 are used, add them together in the Amounts box and use the NOTES section to identify the costs for each.
Advances/Date	Advances are granted if the traveler when needed. Advances at 90% of the total estimated expenses must exceed \$100.00. Amount entered will be (total estimate x 0.90). Date needed must be in mm/dd/yy format.  Travelers have 3 options for receiving an advance, direct deposit (traveler must have a direct deposit form on file with Accounts Payable), Mail the check (please indicate address of the traveler), or pick up at cashier's office (please indicate travelers name for notification when check is ready).
Chartfield String	PeopleSoft chartfield String to debit the amount incurred at the time of travel. Travel expenses can be split into two different chartfield strings if needed.
Amount	Amount to pay from the PeopleSoft chartfield String.
Sign/Date	Document must be signed and dated prior to obtaining approval signatures.
Approval Signatures	Obtain approval signatures from the following people:

OSP GRANT TRAVEL APPROVAL SIGNATURES (85xxx)

PI/Funding Authority - **ALL TRAVEL REQUESTS** - Reviewing and approving for appropriateness of travel and funding  
Supervisor/Dean - **ALL TRAVEL REQUESTS** - Reviewing and acknowledging the trip and the possibility that the faculty/staff may miss class time due to dates of travel.

Dean of Graduate Studies and Research - **ALL TRAVEL REQUESTS** - Reviewing and approving allowable expenses per the award.

VP/Provost - **ALL INTERNATIONAL TRAVEL REQUESTS**

President - **ALL INTERNATIONAL TRAVEL REQUESTS**

CSUSM Corporation - **ALL TRAVEL REQUESTS** - Reviewing and approving allowable expenses per the award and CSUSM Corporation travel policy compliance. Executive Director approval is required if exemptions to travel policy and/or expense limits are being requested.

CAMPUS PROGRAM and CSUSM CORPORATION STAFF TRAVEL APPROVAL SIGNATURES (86xxx and 81xxx)

Supervisor/Dean - **ALL TRAVEL REQUESTS** - Reviewing and approving for appropriateness of travel and funding  
Funding Authority - **TRAVEL REQUESTS ONLY** if Funding Authority is different from Supervisor

Vice President/Provost - **ALL INTERNATIONAL TRAVEL REQUESTS**

President - **ALL INTERNATIONAL TRAVEL REQUESTS**

CSUSM Corporation - **ONLY TRAVEL REQUESTS where Executive Director Approval is REQUIRED** - Executive Director approval is required if exemptions to travel policy and/or expense limits are being requested.

\*Exemptions for ANY exceeded or exceeding costs require CSUSM Corporation Executive Director Approval.