

STUDENT ORGANIZATION TRAVEL PROCEDURE

Submission of Forms

Prior to Trip:

- 1) Submit **Event Registration Form** and **General Release Form** to Center for Student Involvement (CSI), room U-SU 204.
- 2) Submit **Check Requisition, Travel Request Form (or Written Approval from Advisor), and the Estimated Travel Expenses Form** to room U-SU 306.
 - a) Complete the **Estimated Travel Expense Form** (supporting document for Travel Advance Request).
NOTE: Provide supporting documents for the known expenses along with the form.
 - b) Complete the **Travel Request Form (or Written Approval from Advisor)**.
 - c) Complete the **Check Requisition** for Advances (if applicable).
 - d) Follow guidelines from **Travel Procedures**, available on the CSI website.
 - e) Submit to U-SU 306 for processing.

Trip Completed:

- 1) Submit **Travel Expense Claim** to U-SU 306 within **10 business days** after the trip to close out the travel advance.
 - a) If you plan on having a trip at the end of the school year, submit the **Travel Expense Claim immediately** after the trip concludes.
- 2) Submit **Check Requisition** for reimbursement (if applicable).
- 3) Documents required:
 - a) Completed **Check Requisition** (if applicable)
 - b) Completed **Travel Request Form (or Written Approval from Advisor)**
 - c) Copy of approved **Event Registration Form**
 - d) Completed **CSI General Release Form(s)**
 - e) Completed **Travel Check List**
 - f) Completed **Travel Expense Claim Form**
 - g) All original receipts
 - h) Event Agenda
 - i) Event Flyer
 - j) W-9 (if applicable, refer to check requisition procedures)
- 4) **Failure to submit Travel Expense Claim may result in denial of any future travel request!**

STUDENT ORGANIZATION ESTIMATED TRAVEL EXPENSES

Description	Dates	Dates	Dates	Dates	Dates	Dates	Dates	Total
Registration/business expense								
Hotel/lodging (Max. \$275.00 before taxes)								
Airfare/transportation								
Meals up to \$55.00 with overnight stay								
Incidentals (up to \$7.00)								
Mileage (54.5 cents per mile)								
Rental Car/Taxi/Shuttle/transportation								
Gas/business expense								
Parking								

Traveler: _____

The following states are currently subject to California's ban on state-funded and state-sponsored travel:	
Alabama	
Kansas	
Kentucky	
Mississippi	
North Carolina	
South Dakota	
Tennessee	
Texas	

STUDENT ORGANIZATION TRAVEL REQUEST

I. GENERAL INFORMATION:

SHADED AREAS FOR ACCOUNTING USE ONLY

Last Name, First Name		Initials	CIN#		
Student Organization Name		Fund #	Destination of Trip (City\State\Country)		
Departure to Destination	Date	Time	Return from Destination	Date	Time

Purpose of Trip _____

Emergency Contact _____
 Emergency Phone/Email _____
 Home/Remit Address _____

Personnel Classification:

Employee Category Faculty/Staff Student

List ALL Other Traveler(s): _____

II. FINANCIAL INFORMATION

Account	Fund-Department	Amount
606800 - Travel		
		** Total Request

** Total Request should include all expenses. In the event expenses are more than original request, please submit a memo from department to increase amount along with travel claim.

Form Prepared by	Date	Signature of Traveler	Date
Form Approved by	Date	Signature of Advisor	Date

III. REQUEST FOR TRAVEL ADVANCE

TO: Business Financial Services: Please issue me a travel advance check in the amount of :

Name of Student Organization	Amount	for the above trip	Date
Authorization by Traveler:		I need the advance by:	

Date:	Signature of Traveler Requesting Advance
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Forms Required: Estimated Travel Expenses _____ Travel Expense Claim _____ Other _____	Remarks: _____ _____
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STUDENT ORGANIZATION TRAVEL CHECK LIST

Travel Expense Claim (include the original Request for Travel)					
Checklist Items	Yes	No	N/A	Comments	UBO use only
<u>Supporting Documentation</u>					
Agenda, Brochure, Invitation					
Transportation receipt (air, rental, taxi, bus, shuttle)					
Lodging Receipt					
Registration Receipt					
Parking Expense Receipt					
Map/Proof of Mileage					
Receipts for any expenses \$25.00 and over					
Approval signature for claim reimbursement that is over the Request for Travel amount					
Group Meals - List of Participants					

STUDENT ORGANIZATION TRAVEL EXPENSE CLAIM

CLAIMANT'S NAME				FUND NUMBER											
RESIDENCE ADDRESS				CITY			STATE			ZIP CODE		TELEPHONE NUMBER			
MONTH/YEAR		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION					REGISTRATION	TOTAL EXPENSES FOR DAY	
DATE	TIME			BREAKFAST	LUNCH	DINNER		TYPE USED	COST OF TRANS.	PARKING	PRIVATE CAR USE				
											MILES	AMOUNT			
SUBTOTALS															
													Less: Advance		
													Balance		
CLAIM TOTAL															
PURPOSE OF TRIP, REMARKS AND DETAILS (Attach Receipts/vouchers when required)								TYPE OF TRANSPORTATION USED:				NORMAL WORK HOURS			
								A - Air		S - Shuttle		PRIVATE VEHICLE LICENSE NUMBER			
								B - Baggage		G - Gas		MILEAGE RATE CLAIMED			
								R - Rental Car		T - Taxi		TOTAL LIMIT (Amount Requested)			
I HEREBY CERTIFY That the above is a true statement of the travel expenses I incurred in accordance with travel regulations as established															
CLAIMANT'S SIGNATURE				DATE		ADVISOR'S SIGNATURE						DATE			