



SACRAMENTO STATE

Domestic (In-State and Out-of-State) Travel Expense Justification For All University Funds

SAMPLE

Name of Traveler, Fund/DeptID, Contact Person, Phone #, Req#, Contact Person, Email, Amount

All items, including a thorough justification, must be completed before support for the travel will be authorized. Attach copy of travel requisition before routing for signature.

Proposed Travel Dates, Check type of travel, Destination, General Purpose of Travel, Justification for the travel

Lodging Rate Exception of \$ 188.00 per night. This section must be completed if the pretax rate is in excess of \$175 per night maximum.

DEPARTMENT REVIEW (as needed)

Department, Program, Center/College, Signature, Date

REQUIRED APPROVALS (per Chancellor's Office)

In-State Travel: Provost or Division AVP, Signature, Date

Out-of-State and ALL Domestic Travel for AVP's and *All Lodging Exceptions: Provost or Division VP, Signature, Date

ALL Domestic Travel for VP's including their *Lodging Exceptions:

President, Signature, Date



SACRAMENTO STATE

International Travel Expense Justification - For All Funds



Name of Traveler <u>Faculty D. Jones</u>	Phone # <u>85992</u>	Email <u>collegeprof@csus.edu</u>
Department/DeptID <u>Foreign Languages/47700</u>	Req# <u>7000004444</u>	
Contact Person <u>Tatiana</u>	Phone # <u>87411</u>	Email <u>languages@csus.edu</u>

All items, including a thorough justification, must be completed before support for the travel will be authorized.
 Attach Copy of Travel Requisition before Routing for Signatures.

Proposed Travel Dates: January 5-12, 2014 **International Destination:** Beijing, China

General Purpose of Travel: Conference Research Other _____

Justification for the travel, including your role, and why it is mission critical:
 Travel to China to present research paper and study foreign languages institute techniques to share methods of pedagogy in collaboration with sister-University. Conference program attached.

Funding source(s):	General Operating Fund: \$ <u>1,000.00</u>	Other*: \$ _____	Personal/Self-Funded: \$ _____
<input checked="" type="checkbox"/> Approved	College of Continuing Education: \$ <u>2,000.00</u>	Grant*: \$ <u>3,000.00</u>	Total Cost of Travel: \$ <u>6,000.00</u>
<input type="checkbox"/> Requested	*Please specify Grant Name or Other Funding: <u>CSU Chancellor's Office</u>		

Traveler: Signature 10-21-2013
 Signature Date

Department Chair/ Manager Recommendation: approve not approve

Bernice Bas de Martinez Signature 10/23/13
 Print/Type Name Signature Date

College Dean/Program Center Recommendation: approve not approve

Edward Inch Signature 10/28/13
 Print/Type Name Signature Date

Travel insurance will be provided by: College Department Grant Other University Source: _____
 (Individual employees are not permitted to purchase International Travel Insurance)

Provost/Vice President Recommendation: approve not approve

Charles Gossett Signature 11/12/2013
 Print/Type Name Signature Date

President (required per Chancellor's Office): approved not approved

Alexander Gonzalez Signature 11/15/13
 Print/Type Name Signature Date