

# Sacramento State

## Domestic Essential Travel Expense Justification/Request

*In-state or out-of-state travel funded by a UEI or UFSS account*

### 1. TRAVELER INFORMATION – Route for approvals PRIOR to travel start date.

**Name** **EID #**

**Phone #** **Email** **Department**

**Mailing Address**

### 2. TRIP INFORMATION

In-State	UEI Account #	\$	Other Source	\$
Out-of-State	UFSS Account #	\$	Unfunded	\$

**Departure Date** **Return Date**

**Destination**

**Trip Type** Conference Research Other

**General Purpose of travel** - include accommodations for class coverage, your role and why it is mission critical, and attach supporting documents.

<b>Expense Summary</b>	\$	\$	\$	\$	\$	\$	\$
<i>please estimate</i>	AIRFARE	TRANSPORTATION	LODGING	MEALS	OTHER	TOTAL	

### 3. Vaccination Attestation:

Please state if you have been vaccinated or have a medical or religious exemption:

Is your trip related to obtaining data associated with a UEI-administered project? Yes  No

If yes, please attach confirmation of campus approval to restart research. If assistance is needed with obtaining campus approval to [restart research](#), please contact ORIED.

If travel is funded by UFSS funds and NOT approved through the face-to-face classes approval process, please attach approval to return to work ([Campus Entry Safety Protocol](#)).

### 4. REVIEWS/APPROVALS

DEPARTMENT REVIEW (as needed)

#### Department

Print/Type Name Signature Date

#### Program Center/College

Print/Type Name Signature Date

#### UEI Approval

(if travel costs paid by a UEI account) Print/Type Name (PI or Project Director) Signature Date

Print/Type Name (Account Administrator) Signature Date

#### Provost Approval

In-State Travel Signature Date

*Out-of-State and ALL Domestic Travel for AVPs*

Print/Type Name Signature Date

#### President Approval

Print/Type Name Signature Date