Division of Student Affairs
Domestic *(In-State and Out-of-State)*
Travel Expense Request & Justification

For All Funds

Name of Traveler _____ **Phone #** _____ **Email** _____
Fund/DeptID _____ **Amount** _____
Contact Person _____ **Phone #** _____ **Email** _____

Route this form for approval PRIOR to entering a University travel requisition
All items, including a thorough justification, must be completed before support for the travel will be authorized.

Proposed Travel Dates: _____ ***Check type of travel:*** ☑ ***In-State*** ☐ ***Out-of-State***

Destination: _____

Purpose of Travel: ☐ Required/CO ☐ Regulatory ☐ Compliance ☐ Recruiting/Students ☐ Recruiting/Staff ☑ Professional Development ☐ Other: _____

Funding Source: ☐ General Fund ☑ Trust Fund ☐ Self-Support ☐ Auxiliary ☐ Employee (Unfunded Request) ☐ Other: _____

Justification for the travel, including your role, and why it is mission critical

Lodging Rate Exception – ***complete if pre-tax rate is in excess of $275 per night maximum*** ☐ **Conference hotel rate is $_____ per night (documentation attached)**

☐ **Other - provide an explanation:**

☐ **Approved** ☐ **Not Approved** ****Approval level is the Vice President/Provost (President for VP travel)***

DEPARTMENT REVIEW (as needed)

Department _____ (Print/Type Name) _____ (Signature) _____ (Date)

Program Center/College _____ (Print/Type Name) _____ (Signature) _____ (Date)

REQUIRED APPROVALS (per Chancellor's Office)

In-State Travel:
Provost or Division AVP _____ (Print/Type Name) _____ (Signature) _____ (Date)

Out-of-State and ALL Domestic Travel for AVP's and *All Lodging Exceptions:
Provost or Division VP Ed Mills (Print/Type Name) _____ (Signature) _____ (Date)

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

President Robert S. Nelsen (Print/Type Name) _____ (Signature) _____ (Date)

Please scan and attach the completed form when entering your travel requisition in CFS.
Please add your requisitions number prior to scanning #_____