CALIFORNIA STATE POLYTECHNIC UNIVERSITY, POMONA

AUTHORIZATION TO TRAVEL ON STATE BUSINESS

NAME OF TRAVELER _____ TODAY'S DATE _____

HOME ADDRESS _____ (Street) _____ (City) _____ (State) _____ (Zip)

WORK ADDRESS _____ (College/Department) _____ (email address) _____ (Extension)

PURPOSE OF TRAVEL: _____

EXPECTED TRAVEL EXPENSE: _____ (Paid by Cal Poly) + _____ (Traveler/Others to Pay) = 0 (Total Expense)

DATES OF OFFICIAL STATE BUSINESS From _____ (Date and Time) To _____ (Date and Time)

DATES OF PERSONAL TRAVEL From _____ (Date and Time) To _____ (Date and Time)

DESTINATION(S) _____ TRAVELING BY _____ (Air, Automobile, Etc. *)

A. Certification of Minimum Liability Insurance Requirements and Condition of Vehicle

I certify that I have liability insurance in at least the following amounts: $15,000 for personal injury to, or death of, one person, $30,000 for personal injury to two or more persons in one accident, $5,000 for property damage. I further certify that my vehicle is adequate for the work performed, equipped with seat belts and in safe mechanical condition; that a current Privately-Owned Vehicle Insurance Certification Form STD 261 is on file with my supervisor; and that any accident which may occur while the vehicle is being operated on State business will be reported within 48 hours on Form STD 270. I have satisfactorily completed a CSU Approved defensive driving course and maintain a good driving record.

sign after printing

Traveler Signs Here

Name of person preparing form if different than traveler _____ Extension _____

THE PERSON NAMED ABOVE HAS BEEN APPROVED FOR STATE TRAVEL AS DESCRIBED.

Approved by (Name)	Title	Signature	Date
		sign after printing	
		sign after printing	
		sign after printing	

FUNDING SOURCE - PEOPLESOFT CHARTFIELD STRING

ACCOUNT	FUND	DEPT. ID	PROGRAM	CLASS	Amount	Approval

FOR UFS USE Voucher #