PRINT CLEAR

Serving the University Community.

CAL STATE L.A. UNIVERSITY AUXILIARY SERVICES, INC.

REIMBURSABLE TRAVEL APPROVAL

○ CORPORATE ○ GEH ○ AGENCY ○ CONTRACTS & GRANTS

Complete and forward this form to UAS Accounting at least 10 business days prior to trip departure. Travel must be approved before claim for reimbursement may be submitted.

Name _____ Title _____ Contact Number _____

Account _____ Fund _____ Organization _____ Budget Year _____ Project ID _____

Destination _____ Agency/Conference To Be Visited _____

Purpose of Trip _____

Method of Travel _____ Lic.# of Private Car (if used) _____

Itinerary (List all dates and times of departure and return) _____

List method of payment for expenses (i.e. paid by state, agency account, employee, etc.) _____

Estimated total cost of trip $ _____

Other employees making this trip _____

Applicant's Signature _____ Date _____

Trip Approved By _____ Limit $ _____ Date _____