

International Travel Request & Claim

REQUESTOR/TRAVELER CUSTODIAN NAME & PHONE Brittany Fentress ext. 3395 ADDRESS or DEPARTMENT Office of International Education EVENT and/or PURPOSE USAC Study Abroad: DESTINATION DEPARTURE DATE DEPARTURE TIME	TITLE: Student TRIP #	FINANCIAL SERVICES USE ONLY
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TRIP COSTS	ANTICIPATED EXPENSES <small>(Optional)</small>	REQUESTED BUDGET <small>(Required)</small>	PAYMENT TYPE <small>(TPC-Travel PCard PER - Personal)</small>	ACTUAL CLAIM <small>(Required)</small>	CONFIRMED
TRANSPORTATION					
Mileage			PER	\$0.00	
Fuel			PER	\$0.00	
Fuel			TPC	\$0.00	
Airfare					
Vehicle rental					
Taxi & Shuttle					
Tolls & Parking					
Subtotal Transportation	\$0.00	\$0.00		\$0.00	
LODGING					
Subtotal Lodging	\$0.00	\$0.00		\$0.00	
MEALS (maximum \$55/day)			TPC	\$0.00	
			PER	\$0.00	
INCIDENTALS (maximum \$7/day)			PER	\$0.00	
Subtotal Meals	\$0.00	\$0.00		\$0.00	
MISCELLANEOUS					
Business Expenses					
Subtotal Miscellaneous	\$0.00	\$0.00		\$0.00	
FEES					
Registration					
Mail Direct <input type="checkbox"/> Pay with PCard <input type="checkbox"/>					
Subtotal Fees	\$0.00	\$0.00		\$0.00	
TOTALS	\$0.00	\$0.00		\$0.00	

TRAVEL CLAIM: If the actual expenditures exceed the budget, authorization of the excess by delegated authorities is required. Additional signatures below with the date signed authorize the expenditure.

FACULTY: When requesting approval for absence from scheduled duties, faculty members must assure that arrangements have been made for their classes to continue meeting as originally scheduled whenever possible. Please describe below how teaching responsibilities will be met.

REMARKS & DETAILS:

ACCOUNT	FUND	DEPT	PROGRAM	PROJECT	TOTAL TO BE REIMB.	CONFIRMED

The signers certify that the above is a true statement of travel expenses incurred in accordance with DPA rules in the service of the State of California.

AUTHORIZATION	Signature	Date	CONFIRMED
Requestor Name:	_____		
Requestor Signature:	_____		
<small>(Only if required by Dean/AVP)</small>			
Supervisor/Dept Chair Name:	Dr. Jennifer Helzer		
Supervisor/Dept Chair Signature:	_____		
AVP/Dean Name (under \$1000):	Dr. Helene Caudill		
AVP/Dean Signature:	_____		
Asst Dir Safety & Risk Mgt:	Amy Thomas		
Asst Dir Safety & Risk Mgt Signature:	_____		
VP/PI Name (\$1000 or over):	Dr. Kimberly Greer		
VP/PI Signature:	_____		
Name of High Hazard Country:	_____		
President Signature:	_____		