

REQUEST FOR AUTHORIZATION TO TRAVEL (Domestic Travel)

Campus Business Unit: (check one)

- HMCMP
 HMADV
 HMSCPF

Traveler category: (If students traveling with group, attach EO-1041)

- Faculty ([attach class schedule](#)) Group Travel ([complete EO-1041](#))
 Staff/Administration Students ([complete EO-1041](#))

- NEW DOCUMENT
 REVISED
 CANCEL TRAVEL

Traveler/Group Leader (print clearly): _____ Phone # _____

Traveler's Address: _____ HSU ID#: _____

Dept/Position: _____ Traveler's Email: _____

Travel Arranger's Name: _____ Travel Arranger's Email: _____

Purpose of Trip: _____

Destination State: _____ City: _____ Dates - From: _____ To: _____

Scheduled event begin: _____ Time: _____ Scheduled event end: _____ End time: _____

Chartfield String

Account	Fund	Dept	Program	Class	Project	Amount

Mode of transportation (check all that apply):

- Commercial air carrier *Rental vehicle *State vehicle *Private: complete [STD 261 form](#)

*If you will be driving, a current Defensive Driving Training certification is required to be on file. If not yet done, go to https://training.humboldt.edu/required_training.php to complete your training before obtaining an authorization to travel.

 Travel Advance Requested: \$

[Estimated Cost](#) to Encumber (including direct bill): \$

 Purpose of Advance:

 Comments/Special Instructions:

For Traveler/Group Leader: By signing below, I certify that I have read and agree to follow and be bound by the HSU travel policy. If I do not complete and submit a valid travel expense claim within 30 days following the conclusion of this trip, I authorize HSU to deduct from my wages travel advances, which include the prepayment of expenses such as, but not limited to, airline tickets and registration fees. I certify that if I am driving, I have completed and am current on Defensive Driving Training certification.

(REQUIRED) Traveler's Signature:
Date:

ALL APPROVAL SIGNATURES ARE REQUIRED FOR DOMESTIC TRAVEL (as indicated below)

By signing, I certify that I have read and complied with the Approving Authority Responsibility section of the HSU travel policy and that the traveler has completed all forms required by the HSU travel policy.

_____ Signature _____ Date _____
 Dept. Chair/Supervisor's Name (PRINT)

_____ Signature _____ Date _____
 Dean/Asst. Dean, if applicable (PRINT)

_____ Signature _____ Date _____
 Manager/Director/AVP/VP/Asst Provost/Provost (PRINT)

-->Once all approval signatures have been obtained,

- Send ORIGINAL to Business Services/SBS 345
- Keep a COPY to take with you on your trip
- Keep a COPY for your Department records
- Send a COPY to Facilities Management (for HSU-originated vehicle rentals)

Travel related questions, refer to:
 HSU Travel Website: www.humboldt.edu/risksafety/univtravel
 HSU Travel Email: travel@humboldt.edu