

One Washington Square, San Jose, CA 95192-0139
Email: Foundation-Travel-Desk@sjsu.edu

Phone: 408-924-1400

Research Foundation (SJSURF) project participants and SJSU students must complete this form prior to any SJSURF business-related travel. The form must then be emailed to the SJSURF analyst. The requestor will receive an email from the Accounts Payable Office when travel has been approved. SJSURF

Select One:	<input type="checkbox"/> SJSU Student	<input type="checkbox"/> Other (specify: _____)
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I. Traveler and Trip Information

Today's Date: _____

Traveler Name: _____	Account#: _____
Position/Title: _____	Phone#: _____
Trip Requisition #: _____	Email: _____
Home Address: _____	
Travel Dates: _____	
Purpose of Travel: _____	
Destination(City, State, Country): _____	

II. Estimated Expenses (Required)

Transportation:	\$ _____
Registration, Fees:	\$ _____
Lodging:	\$ _____
Meal:	\$ _____
Other(specify):	\$ _____
Total:	\$ _____
Amount Estimated:	\$ _____

III. Student Travel (Required)

I certify that these expenses (check all that apply)

- ☐ Directly supports a faculty member's project or Program, or;
- ☐ Are related to presenting or leading a session at a Conference (attach a copy of conference program)
- ☐ Are incurred while officially representing the University

IV. Authorization Signatures (Required)

Traveler:	Signature: _____	Date: _____
Direct Supervisor:	Print Name: _____	
	Signature: _____	Date: _____
*Account Signer:	Print Name: _____	
	Signature: _____	Date: _____

(*required if supervisor is not an account signer. If Dean/AVP approval is required for Non-High Hazard travel use box "V" below)

V. Authorization Signatures for High Hazard International Travel (Refer to Travel Policy for Additional Information)

Dean/AVP: _____	Date: _____
Provost: _____	Date: _____
President: _____	Date: _____

Note: High Hazard International Travel also requires Chancellor Office Approval. Refer to Travel Policy for details.