

## Overview

This guide shows Research Foundation Employees, Project Participants, and SJSU Students how to request Travel Authorization when **Research Foundation** funds will be used as the method of reimbursement for travel expenses. Use Travel Authorizations to request approval for domestic or international travel.

**Note:** SJSU Faculty and Staff should refer to the Travel Authorization and Reimbursement Guide for SJSU Faculty and Staff (TAG002) when travel occurs on a duty day.

For more details on Travel Policies, view the [Research Foundation Travel Policy](http://www.sjsufoundation.org) (<http://www.sjsufoundation.org>).

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## Travel Authorization Submission Guidelines

**14** Days before Domestic Travel Departure Date

**45** Days before International Travel Departure Date

**60** Days before High Hazard International Travel Departure Date

*Note: Travel Authorizations must be approved by the Research Foundation before making non-cancellable travel arrangements and before departing for the trip.*

## Creating a Travel Authorization

This section shows how to create a Travel Authorization using the Request for Approval of Travel form.

1. Go to [the Research Foundation website](http://www.sjsufoundation.org).  
(<http://www.sjsufoundation.org>).

2. At the form page, save a copy of the **Request for Approval of Travel** form.

3. Enter the traveler and trip information

4. Enter estimated expenses

If an advance is being requested, enter the amount and routing information.

5. Save the **Request for Approval of Travel** form.

Forms	
Accounts Payable	
Invoice/Check Request	PDF
Requisition Form	Word   PDF
Travel Authorization	Word   PDF
Authorization to Use Private Vehicle	PDF

SJSU   RESEARCH FOUNDATION		REQUEST FOR APPROVAL OF TRAVEL ACCOUNTS PAYABLE	
P.O. Box 720130 - San Jose, CA 95172-0130 - Ext. Zip: 0139		408-924-1400 - 408-924-1499 (fax)	
<i>Research Foundation (SJSURF) employees, 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 employees, SJSU faculty, and staff may also use this form to request a travel advance. Note: SJSU faculty and staff may use this form for approval when travel occurs on a non-duty day.</i>			
Select One: <input checked="" type="checkbox"/> SJSURF Employee <input type="checkbox"/> SJSU Faculty/Staff <input type="checkbox"/> SJSU Student <input type="checkbox"/> Other (specify):			
<b>I. Traveler and Trip Information</b>		Today's Date:	
Traveler Name:	Account#:		
Position/Title:	Phone#:		
Trip Requisition #:	Email:		
Home Address:			
Travel Dates:			
Purpose of Travel:			
Destination(City, State, Country):			

<b>II. Estimated Expenses (Required)</b>		<b>III. Complete if Travel Advance is Requested</b>	
Transportation:	\$	Restrictions apply. Only available to SJSU faculty, staff and SJSURF employees. Students are not eligible. Request granted on a case by case basis.	
Registration, Fees:	\$	Amount Requested: <input type="text"/>	
Lodging:	\$	Routing: <input type="checkbox"/> Mail to Payee <input type="checkbox"/> Hold for Pickup	
Meal:	\$	<input type="checkbox"/> Mail Inter-campus Ext. Zip: <input type="text"/>	
Other(specify):	\$		
Total:	\$		
Amount Estimated:	\$		

## Signature Requirements

1. Check SJSU and Research Foundation signature requirements.

If traveling internationally refer to [the High Hazard](#) instructions.

*Note: Refer to the Research Foundation Travel Policy for additional information and signature requirements*

2. Obtain all appropriate signatures.

3. After obtaining all appropriate signatures, scan the **Request for Approval** form and save as a PDF document.

Research Foundation Employees, Project Participants Off Duty SJSU Faculty and Staff		
Research Foundation Travel Authorization Policy	Domestic	International
Approval required by Account Signer & Supervisor	Yes	Yes
Approval required by Dean or AVP*	No	Varies*
Approval required by Provost*	No	Varies*
Approval required by President's Office*	No	Varies*
Approval Required by Chancellor's Office*	No	Varies*

\*Required if Country is deemed High Hazard by CSU or U.S. Department of State

SJSU Faculty, Students, Staff		
SJSU Travel Authorization Policy	Domestic	International
Approval required by Chair or Supervisor	Yes	Yes
Approval required by Dean or AVP	Yes	Yes
Approval required by Provost	No	Yes
Approval required by President's Office	No	Yes
Approval Required by Chancellor's Office*	No	Varies*

\*Required if Country is deemed High Hazard by CSU or U.S. Department of State

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: _____

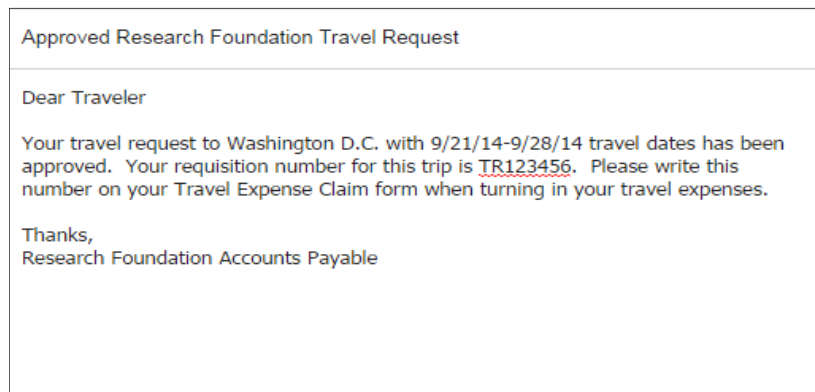
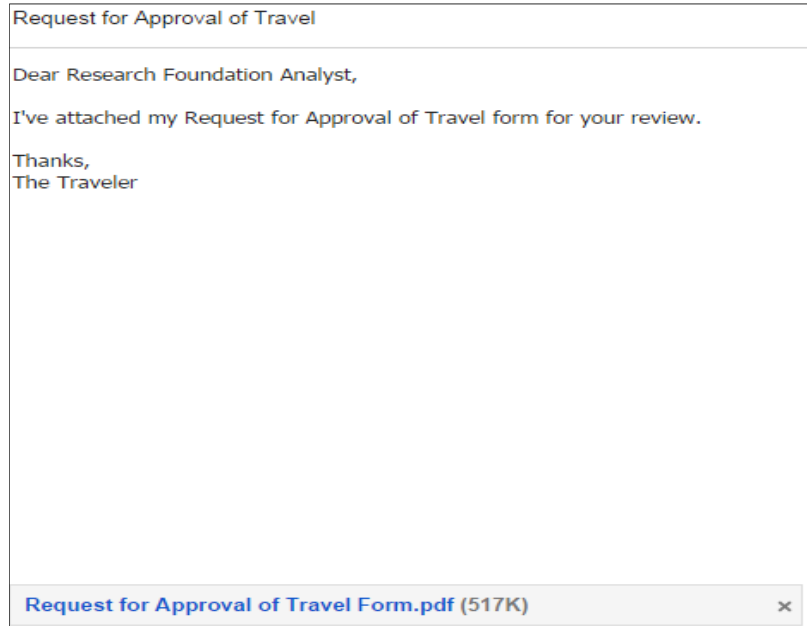
Note: High Hazard International Travel also requires Chancellor Office Approval. Refer to Travel Policy for details.

## Submit for Approval

1. Email the signed Request for Approval of Travel form as an attachment to your Research Foundation Analyst.

2. The Research Foundation will review your travel request.

When your travel has been approved you will receive an email from the Research Foundation Accounts Payable Office.



## Creating a CSU High Hazard Travel Request

This section shows how to create a High Hazard request on the CSU website.

In order to determine if your travel destination is high hazard you must check **both** the [U.S. Passport and International Travel website](#) and the **High Hazardous Country List** on the [CSU Systemwide Risk Management and Public Safety website](#).

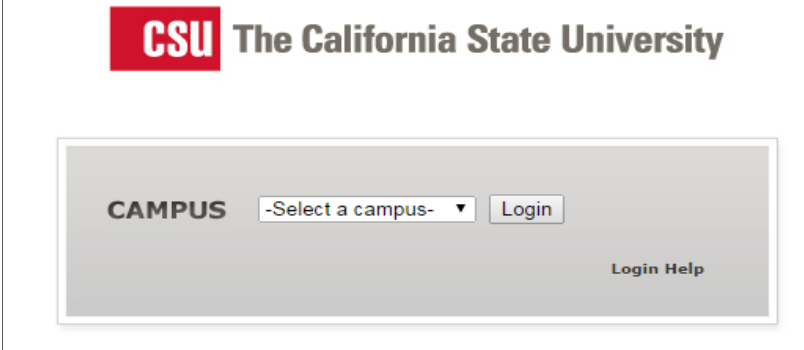
If your travel destination is on **either** one of the above websites you must following these instructions.

### **Login to the CSU website.**

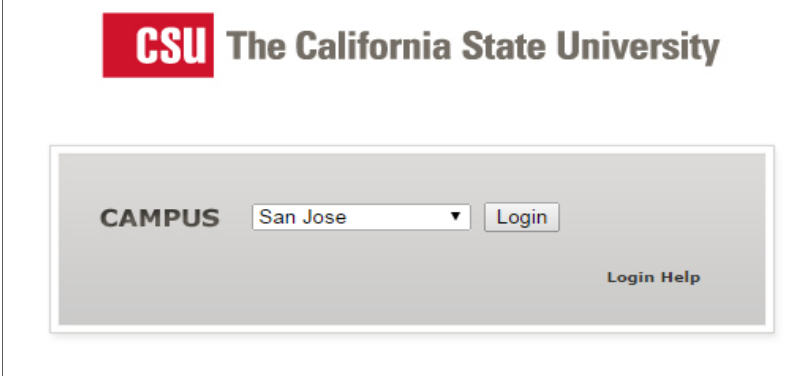
1. Go to [the CSU website](https://cyou.calstate.edu/Tools/high-hazard-travel/Pages/default.aspx)  
(<https://cyou.calstate.edu/Tools/high-hazard-travel/Pages/default.aspx>)

2. Select San Jose as your campus.

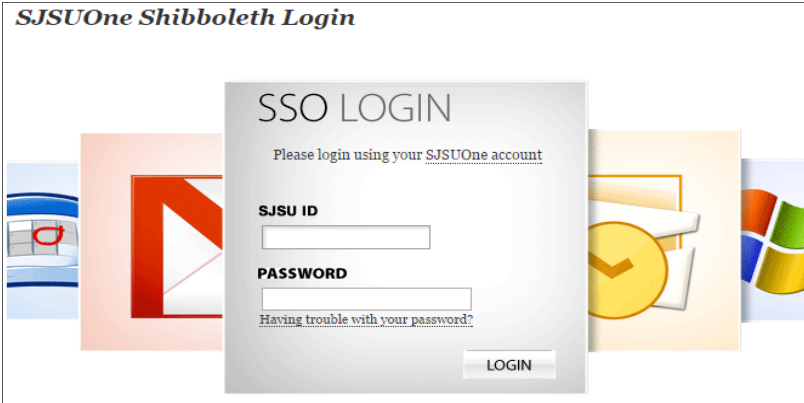
3. At the SSO Login page, use your **SJSUONE ID** and **password** to login.



The screenshot shows the top of the CSU website with the logo "CSU The California State University". Below the logo is a grey box containing the text "CAMPUS" followed by a dropdown menu currently set to "-Select a campus-", a "Login" button, and a "Login Help" link.



The screenshot shows the same CSU login page, but the dropdown menu is now set to "San Jose". The "Login" button and "Login Help" link are still visible.



The screenshot shows the "SJSUOne Shibboleth Login" page. It features a central grey box with the title "SSO LOGIN" and the instruction "Please login using your SJSUOne account". Below this are input fields for "SJSU ID" and "PASSWORD", a "Having trouble with your password?" link, and a "LOGIN" button. The background is decorated with various icons like a globe, a folder, and a clock.

The CSU High Hazard form displays.

**High Hazard Foreign Travel Approval Requests**  
[View my Requests](#)

**CSU** The California State University

All employees, faculty and students who travel internationally to countries on the High Hazardous list ([http://www.calstate.edu/risk\\_management/documents/CSURMA\\_HighHazardList.pdf](http://www.calstate.edu/risk_management/documents/CSURMA_HighHazardList.pdf)) or the US State Department Travel Warning List ([http://travel.state.gov/travel/cis\\_pa\\_tw/tw/tw\\_1764.html](http://travel.state.gov/travel/cis_pa_tw/tw/tw_1764.html)) require prior approval from the campus President and the Executive Vice Chancellor/Chief Financial Officer (see coded memo **RM2013-01**).

**Submit this Approval Request At Least 30 Days PRIOR TO DEPARTURE**  
**(Attach campus President Approval and any supporting documents)**  
*Requests for approval will be reviewed once a week*

\* Denotes a required field

**Travelers' Information**

Campus:

Traveler Last Name:

4. Enter the required information.

**Travelers' Information**

Campus:

Traveler Last Name:

Traveler First Name:

Traveler Email:

Employee Type:  Faculty  Staff  Minor \*\*  Student \*  Other

\*If traveler is a **student**, was an Informed Consent/Waiver executed?  Yes  No

\*\*If traveler is a **minor**, was an Informed Consent/Waiver executed by a parent or guardian?  Yes  No

**Is This Trip Sponsored by the University?**  Yes  No  Auxiliary  Other

Destination Information (Include all Regions, Cities and Towns)	From Date	To Date
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5. Scroll to the bottom of the CSU High Hazard page.

**Attach Supporting Documents:**

6. To attach documents (if needed); click the **Upload Attachment(s)** button.

*The Choose file(s) window opens..*

**Attach File**

Select a file, and then click Attach to upload it.

No file chosen

7. Navigate to the file you wish to attach, and then click the **Attach** button.

8. Repeat this step to attach as many files as needed.

## Submit to CSU for Approval

1. When ready, scroll to the bottom of the CSU High Hazard page, and then click the **Submit** button.
2. Scan the form and save as a PDF document. You can also print the form to a PDF document if your software has this function and then print.
3. Print out a copy of the form.
4. Attach the form to the **Request for Approval of Travel** form.

**Submitted By:**

Submit

File name: CSU High Hazard Form Submitted 9.1.14

Save as type: Adobe Acrobat Document

Print

Total: 5 sheets of paper

Print

Cancel

## Travel Expense Claim Reimbursement

This section shows how to request a travel expense reimbursement from the Research Foundation.

1. Go to [the Research Foundation](http://www.sjsufoundation.org) website.  
(<http://www.sjsufoundation.org>).

2. At the form page, save a copy of **Travel Expense Claim** form.

3. Enter the traveler information.

*Note: The trip requisition number is the trip requisition number that was emailed to you by the Research Foundation Accounts Payable office.*

4. Enter the travel expense information.

5. Enter the amount of any **Prepaid Expenses** and/or the amount of **Travel Advance** received for the trip.

Forms	
Accounts Payable	
Invoice/Check Request	PDF
Requisition Form	Word   PDF
Travel Authorization	Word   PDF
Authorization to Use Private Vehicle	PDF

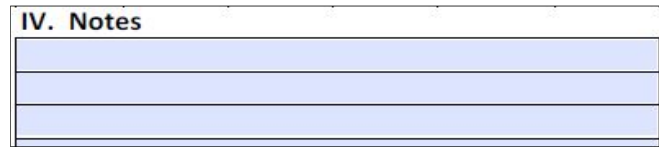
SJSU   RESEARCH FOUNDATION		TRAVEL EXPENSE CLAIM FORM ACCOUNTS PAYABLE	
P.O. Box 720130 - San Jose, CA 95172-0130 - Ext. Zip: 0139		408-924-1400 - 408-924-1499 (fax)	
<b>I. Traveler Information</b>		Today's Date:	
Traveler Name:	Account Number:		
Home Address:	Position/Title:		
City, State, Zip:	Department:		
Trip Destination:	Phone Number:		
Purpose of Trip:	Inclusive Dates of Travel:		
Trip Requisition #:	Routing: <input type="checkbox"/> Mail to Payee	<input type="checkbox"/> Hold for Pickup	
	Ext. Zip:	<input type="checkbox"/> Mail Intercampus	

II. Travel Expense Claim												
Date	1	2	3	4	5	6	7	Private Auto			9	(Total 1-9)
	Lodging	Breakfast	Lunch	Dinner	Incidentals	Airfare, Train, etc.	Taxi, Shuttle, Parking, Car Rental	Miles	Rate	Amount	Reg Fees & Other Bus. Expenses	Total

III. Total Travel	
Total Amount Expended:	
Less Prepaid Expenses:	
Total Amount Claimed:	
Less Amount Advanced:	
Amount Due to Traveler:	
*Amount Due to SJSURF:	\$0.00
(*Attach check made out to SJSU Research Foundation)	



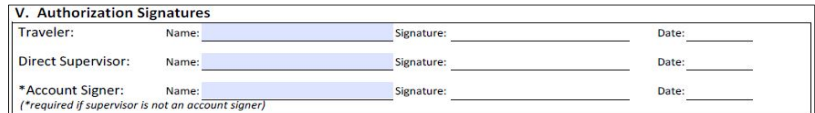
6. Enter notes as necessary to explain anything pertinent to the expense claim reimbursement request.



IV. Notes

A rectangular box with a light blue background and a thin black border, containing three horizontal lines for text entry.

7. The traveler, authorized account signer, and direct supervisor if not the authorized account signer must sign the request.

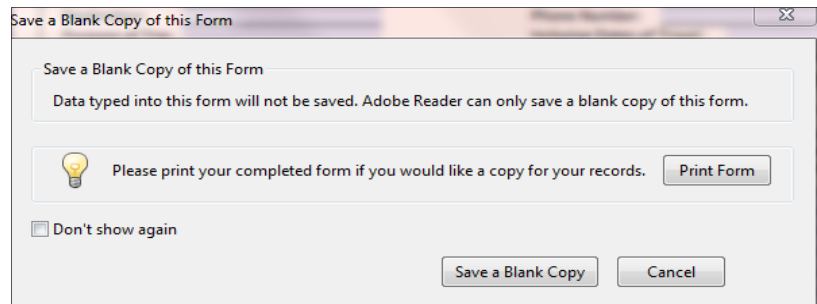


V. Authorization Signatures

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

(\*required if supervisor is not an account signer)


8. Save and print a copy of the completed **Travel Expense Claim** form.



Save a Blank Copy of this Form

Save a Blank Copy of this Form

Data typed into this form will not be saved. Adobe Reader can only save a blank copy of this form.

 Please print your completed form if you would like a copy for your records.

Don't show again

9. Attach the original approved copy of the **Request for Approval of Travel** form to the **Travel Expense Claim** form.

10. Attach all original receipts to the **Travel Expense Claim** form and send through intercampus mail to the Research Foundation at Ext. Zip 0139

11. After approved, a check will be delivered to the traveler by the method of delivery selected on the **Travel Expense Claim** form.