CSUDH | TORO AUXILIARY PARTNERS

TRAVEL REQUEST

TRAVEL NUMBER ASSIGNED BY CSUDH TAP AP	

Traveler's Information

NAME OF TRAVELER (LAST, FIRST NAME)	TRAVELER TYPE SELECT TRAVELER TYPE
DEPARTMENT	NAME OF PREPARER (IF DIFFERENT)
POSITION	DATE(S) OF TRAVEL
PURPOSE OF TRIP	DESTINATION (CITY, STATE)

Trip Details

Select **one**:

☐ Same-day travel, without overnight stay
☐ In-state travel, with overnight stay
☐ Out-of-state travel
☐ International travel

- Attach completed International Travel Authorization Form
- Attach completed Liability Waiver (students only)

Account Information

ACCOUNT	OBJECT CODE	AMOUNT	BALANCE AP USE ONLY
TOTAL		0.00	

Estimated Expenses

This section is for **estimates only** for the purpose of ensuring accounts have enough funds to cover trip. If requesting an advance, please fill out Request for Advance on page 2. If instance of group travel, only **one** estimate must be submitted by the travel coordinator

Please **download** Supplemental Estimated Expenses Calculator if needed

Expense Type	Amount	P-Card
Event Registration		☐
Transportation		☐
Rental Vehicle/Rideshare		☐
Lodging		☐
Mileage*		
Meals ($55 max/person/day)		☐
TOTAL ESTIMATE	0.00	

Please attach supporting documents and ensure that documents are submitted in order by expense type when submitting Travel Request to TAP (Toro Auxiliary Partners) Accounting.
***If mileage is being claimed, the traveler must submit insurance information (ID card, declaration page, etc.) to TAP Accounting.**

Certification

☐ I HEREBY CERTIFY that this travel is in accordance with the Travel Policy and CSUDH TAP Travel Procedures, and agree to adhere to all applicable requirements.

Traveler's Signature

SIGNATURE OF TRAVELER

DATE

Traveler's Supervisor Approval

NAME OF TRAVELER'S SUPERVISOR	SIGNATURE	DATE

Authorized Account Signer Approval

NAME OF AUTHORIZED APPROVER	SIGNATURE	DATE

Post Award Approval (Required for accounts beginning with "5")

NAME OF POST AWARD APPROVER	SIGNATURE	DATE

Dean/Dept. Head Approval

Philanthropic Foundation Account expenditures over $750 must receive Dean or VP Approval

NAME OF DEPT. HEAD APPROVER	SIGNATURE	DATE

Vice President/Designee Approval (Required for International Travel)

NAME OF VICE PRESIDENT	SIGNATURE	DATE

President/Designee Approval (Required for International Travel)

NAME OF PRESIDENT	SIGNATURE	DATE

Toro Auxiliary Partners CFO Approval (Required for International Travel)

NAME OF TORO AUXILIARY PARTNERS APPROVER	SIGNATURE	DATE
VERIFIED BY TORO AUXILIARY PARTNERS ACCOUNTING		DATE

CSUDH | TORO AUXILIARY PARTNERS

TRAVEL REQUEST

TRAVEL NUMBER ASSIGNED BY CSUDH TAP AP	

Travel Advance Request

This page must be completed if requesting an advance by each traveler requesting one.

Please attach supporting documentation for all expenses identified in the Estimated Expenses section above and ensure that documents are submitted in order by expense type when submitting Travel Request to Accounting.

This section **must** be completed prior to travel for all travelers when requesting an advance or if required by their department's policy. If paying for expenses with **P-Card**, please do not submit Travel Advance Request. Only include P-Card related expense in Estimated Expenses section in page 1.

If Vendor Data Record is not on file for any of the vendors, please submit Vendor Data Record to Dropbox link stated on form. Please inquire with auxiliarypartners.ap@csudh.edu if unsure.

Purchase Order # (if applicable)	
Date advance needed:	

If requesting advance for meals on group travel, please submit **one Travel Advance Request page per traveler**. All other categories must only be submitted once by travel coordinator.

Advance Request Table

Expense Category	Payee Name	Address	Advance Amount to Traveler	Direct Payment to Vendor
Event Registration				
Transportation				
Rental Vehicle/ Rideshare				
Lodging				
Meals				
Advance Total Per Category (Only 80% allowed to traveler, 100% to vendor)			0.00	0.00
Total Amount Paid Before Trip				0.00
Payment Comments (i.e. "hold transportation payment for pick-up, mail lodging payment to address")				

Traveler Signature

NAME OF TRAVELER REQUESTING ADVANCE	SIGNATURE	DATE

Submit completed Travel Request to a CSUDH TAP AP staff member to obtain Travel Number.

CSUDH | TORO AUXILIARY PARTNERS

TRAVEL REQUEST

TRAVEL NUMBER ASSIGNED BY CSUDH TAP AP	

Group Travel

PLEASE COMPLETE PAGE WHEN REQUESTING GROUP TRAVEL APPROVAL

SEE GROUP TRAVEL CHECKLIST GUIDE FOR CHAPERONE RATIOS

If not enough space, please attach list

Travelers

EMPLOYEES/CHAPERONES Please note if employees are under different departments, as supervisor approval is required	**STUDENTS** Minors: ☐ Yes ☐ No	**NON-EMPLOYEE/NON-STUDENT**
Total:	**Total:**	**Total:**
Names	From Which School(s)	Affiliation

Participant Accident Insurance	Certificate of Insurance
Overnight Travel with minors or travel with extreme sports (i.e., ziplining, horseback riding, etc.) requires Participant Accident Insurance. Do you require a quote? ☐ Yes ☐ No - covered	If you are contracting with a travel company: Provide a Certificate of Insurance with a general liability per occurrence (minimum of $1 million) and an endorsement for the campus as an additional insured. Additional Insured must state "California State University, Dominguez Hills Toro Auxiliary Partners and University" ☐ Yes ☐ No ☐ Not Applicable

Certifications

☐ By signing below, I certify that I have received notification that the staff chaperones stated on this form have been cleared by HR to work with minors. If unsure, please contact CSUDH TAP HR at foundationhr@csudh.edu

☐ By signing below, I certify that my department will gather all necessary travel waivers in accordance with TAP and CSU policies and will abide by the CSU Record's Retention Policy. I understand that TAP and the University have the right at any time to audit these records for compliance. Schedules | CSU (calstate.edu)

☐ By signing below, I certify that if it is my department's intent to reproduce the likeness of any trip participant all necessary Audio/ Video/Visual Image/Interview Release Forms will be acquired and held on file according to the CSU Record's Retention Policy. Schedules | CSU (calstate.edu)

Traveler Coordinator Signature

NAME OF TRAVEL COORDINATOR	SIGNATURE	DATE

Traveler Coordinator's Supervisor Signature

NAME OF COORDINATOR SUPERVISOR	SIGNATURE	DATE

Supervisor's Signature (For travelers under different departments from Travel Coordinator)

NAME OF SUPERVISOR	SIGNATURE	DATE

Submit completed Travel Request to a CSUDH TAP AP staff member to obtain Travel Number.

CSUDH | TORO AUXILIARY PARTNERS

TRAVEL REQUEST

Instructions

PAGE 1

Traveler's Information
Fill out each field. Name of Preparer (if different) is optional.

Please note that if Travel Request is being filled out for group travel, only the Travel Coordinator needs to fill out entire form.

Travel Coordinator must fall under the Traveler Type of **CSUDH Employee** or **CSUDH TAP Employee**.

Trip Details
Ensure only **one** option is selected.

Account Information
Specify the account(s), object code(s), and respective amounts travel will be expensed to. If split will be across more than four accounts, please contact TAP AP.

If requesting an advance, advance amounts relating to Travel Requests received and approved prior to month of travel will be coded to 1208 (Travel Advances) object code and will be moved to actual expense object code(s) upon submission of Travel Expense Claim. Advances for Travel Requests received in the month of travel will be coded directly expense account(s) and object code(s) provided.

Common travel-related object codes are:

- 8595 – Travel – Domestic
- 8598 – Travel – Students
- 8599 – Travel – Consultants
- 8596 – Travel – International
- 8597 – Travel – Participant (Non F&A)

Estimated Expenses
This section is for estimates only for purposes of ensuring accounts have enough funds to cover trip. If requesting an advance, please fill out Request for Advance on page 2. If intending to pay for expenses with TAP Procurement Card (P-Card), please fill in estimated amounts in this section. **Filling out this section will not automatically initiate payments to traveler and/or vendor**.

If instance of group travel, only one estimate must be submitted by the Travel Coordinator.

The Supplemental Estimated Expenses Calculator is a tool designed to assist the requestor with calculating final estimated amounts for each expense type. Upon clicking the link, the requestor must select the Download button in order to access and modify the calculator in Microsoft Excel. Upon opening in Excel, the requestor will use the **Data** tab to input estimated expenses by expense type. The Summary tab will automatically calculate the estimate totals by expense type.

Expense Types:

- Event Registration – also known as conference registration
- Transportation – flights, bus services, and other methods of transportation used to get to event. Note: Rental Vehicle has its own separate section
- Rental Vehicle/Rideshare – expenses relating to vehicle rental only. Mileage has its own separate section
- Mileage – estimated amount mileage used during trip
- Meals – allowable amount is maximum of $55 per person per day of the trip

Please ensure that documents are submitted in order by expense type when submitting Travel Request to TAP Accounting.

Certification
Box **must** be checked to certify that travel is in accordance with the CSUDH TAP Travel Policy and CSUDH TAP Travel Procedures and agree to adhere to all applicable requirements.

Approvals:

- Traveler's Signature
- Traveler's Supervisor - supervisor of traveler must provide approval
- Authorized Account Signer Approval – must be an authorized signer on the account(s) being used for travel expense
- Toro Auxiliary Partners Approval – Post Award approval if account being used is under Post Award
- Dean/Dept. Head Approval - Philanthropic Foundation Account expenditures over $750 must receive Dean or VP Approval
- Vice President/Designee Approval (Required for International Travel)
- Toro Auxiliary Partners Chief Financial Officer Approval (Required for International Travel)

All approvers that provide their signature in this section is confirming that all elements of this travel request, **including advances to each traveler**, are approved.

PAGE 2
Travel Advance Request

This page pertains to all advance payments that must be made prior to travel. This includes all amounts being requested by traveler(s) and amounts that must be paid to vendors.

For group travel, all travelers requesting to receive an advance to themselves must submit a copy of this page.

Please attach supporting documentation for all expenses identified in the Estimated Expenses section above.

This section must be completed prior to travel for all travelers when requesting an advance or if required by their department's policy.

If **Vendor Data Record** is not on file for any of the vendors, please submit **Vendor Data Record** to **Dropbox** link stated on form. Please inquire with foundationap@csudh.edu if unsure.

Purchase Order #
If Purchase Order was previously generated for travel instance, Purchase Order # must be identified in the Purchase Order # box. This will initiate TAP AP to process payments to vendors specified in the Purchase Order according to amount submitted in "Advance Amount to Vendor" column in table below.

Date advance needed:
Date that all advance payments is being requested to be sent to travelers and/or vendors.

Advance amounts to traveler are typically granted up to 30 days before the trip. Advance amounts to vendors will be processed upon submission of completed form. Please note that on a normal business week, **completed** Travel Advance Requests must be submitted by **Tuesday at noon** for payment to be remitted/mailed **that same Friday.**

If executed travel advance is missing documentation, signatures, etc., processing may be delayed.

Advance Request Table
Please enter amounts relating to each expense category that **an advance is being requested for**. If an expense is to be reimbursed upon submission of Travel Expense Claim or paid via TAP Procurement Card (P-Card), **please do not include amount in this table**.

Please note that only 80% of amount being requested to be paid in advance to traveler will be disbursed. Amounts being requested to be paid in advance to vendors will be paid in full.

Payment Comments
If any additional instructions are to be provided with the payment of advances, please state them in this section. If there are any specific inquiries unsure of, please inquire with TAP AP ***prior to*** submission of completed form.

Traveler Signature
Traveler requesting advance must sign this section.

Submit completed Travel Request to a CSUDH TAP AP staff member to obtain Travel Number.

TRAVEL REQUEST

Instructions (continued)

PAGE 3
Group Travel

This page pertains to information on group travel. This page **must** be completed for all instances of group travel. The signatures on page 1 indicate that all necessary signers approve of the details of group travel and certify that all requirements listed on this page are met.

SEE GROUP TRAVEL CHECKLIST GUIDE FOR CHAPERONE RATIOS

Travelers
If the table listed on this page does not contain enough space, please attach list of all travelers.

Employees/Chaperones
List total in Total box. List names of all Employees and Chaperones included in group travel.

Students
Please specify if any minors are involved. If minors are involved, Student Travel Waivers must be completed and kept by Department. In addition, the bottom portion of the Student Travel Waiver "If Participant is Under 18 years of Age" must be signed by the minor's parent/guardian.

All non - CSUDH students traveling or participating in an on campus activity must fill out the Release of Liability Waiver Form (CSUDH and Partnering K-12 schools).

List total students in Total box. List the schools students are associated with.

Please ensure chaperone ratios are met:

Generally Accepted Chaperone Ratios

Youth age	Number Staff	Overnight Campers	Day-only Campers
5 years and younger	1	5	6
6–8 years	1	6	8
9–14 years	1	8	10
15-18 years	1	10	12

Non-Employee/Non-Student
All non-CSUDH faculty or staff traveling or participating in an on campus activity must fill out the Release of Liability Waiver Form (CSUDH and Partnering K-12 schools).

List total in Total box. List names of all Non-Employee/Non-Students attending, along with their Affiliation to CSUDH.

It is the responsibility of the DEPARTMENT to ensure that all waivers are in place prior to the trip. These waivers should be held in the department according to CSU records retention policy. The Department understands that TAP and the University have the right at any time to audit these records for compliance.

Participant Accident Insurance is required for all overnight stays involving minors and for events that consist of extreme sports (i.e., ziplining, horseback riding, etc.). Please contact CF@csudh.edu for a quote.
Items needed for a quote are listed below:

- Program or Event Name
- Dates and Time/Duration
- Location
- Activity/Description
- Number of participants
- Age range of participants
- Transportation, if applicable

Certificate of Insurance
If contracting with a travel company, provide a Certificate of Insurance with a general liability per occurrence minimum of $1 million and an endorsement for the campus as an additional insured. Additional Insured Must State "California State University, Dominguez Hills Toro Auxiliary Partners and University"

- No one other than the Foundation's Executive Director or Board designee has the authority to sign/enter TAP into a contract/agreement/or MOU.
- No project coordinators, faculty, or staff have the authority to enter TAP into a contract, agreement, or MOU unless designated to do so by the TAP Board of Directors.
- TAP Executive Director or delegated authority must review and sign all contracts, agreements, MOUs

Certifications/Signatures
All certifications **must** be confirmed by the Travel Coordinator and Traveler Coordinator's Signature. Failure to certify and sign will result in the **rejection** of Travel Request

Please send any additional inquires to TAP AP.

Submit completed Travel Request to a CSUDH TAP AP staff member to obtain Travel Number.