TRAVEL AUTHORIZATION AND EXPENSE REPORT
CAL POLY POMONA FOUNDATION, INC.

SECTION I - TRIP EXPLANATION / PRE-APPROVAL

If the indicated # space is blank Click here for Number Generator and input number on the right indicated # space → # _____

*** PRE-APPROVAL DUE BEFORE TRAVEL ****

See Travel policy for pre-approval requirement.

NAME OF TRAVELER Last, First, M.I.	TRAVELERS XTN.	DEPARTMENT

HOME ADDRESS	ACCOUNT(S) TO BE CHARGED	
	Project Number	Object Code
STREET	For All Students (including Grants)	
	STUDENT (Mark X): ___ YES ___NO	
CITY STATE ZIP	Bronco ID #:	
	Grants #:	

DATE	DEPARTURE/RETURN FROM	TO	TRANSPORTATION MODE

PURPOSE & DATES OF BUSINESS:

I certify that any vehicle I operate while on Cal Poly Pomona Foundation, Inc. business complies with minimum state requirements regarding insurance coverage, safety and mechanical condition, and that I am qualified to operate the same. I agree to submit my expense claim within thirty (30) business days after my return.

TRAVELER SIGNATURE:	DATE:	AUTHORIZED SIGNATURE:	DATE:

University Employee MUST use Concur for all business travel	Student Traveler MUST Complete Release of Liability Form	Enterprises Employee: this form must be pre-approved for all travel.

SECTION II - TRAVEL EXPENSE DETAIL

*** DUE WITHIN 30 WORKING DAYS UPON RETURN FROM TRIP ****

(1) YEAR

(2) DATE	(3) WHERE EXPENSES WERE INCURRED	*(4) LODGING	(5) MEALS Maximum Per Diem $22.00 BREAK-FAST	$23.00 LUNCH	$36.00 DINNER	$5.00 TIPS	(6)	*(7) TRANSPORTATION COST OF RENTAL VEHICLE	VEHICLE TYPE USED (PERSONAL OR RENTAL)	CAR FARE/ TRANSIT/ TOLLS/ PARKING	PERSONAL VEHICLE USE (NO MILEAGE CLAIM FOR RENTAL) LIC.# / Rate $ 0.700 MILES	AMOUNT	*(8) OTHER BUSINESS EXPENSE	(9) TOTAL EXPENSES (DAILY)
												0.000		0.00
												0.000		0.00
												0.000		0.00
												0.000		0.00
												0.000		0.00
												0.000		0.00
												0.000		0.00
												0.000		0.00
												0.000		0.00
												0.000		0.00
(10)	SUBTOTALS:	0	0	0	0	0	0		0			0	0	0.00

Prepared by:

CLAIM TOTAL $ 0.00

(11) Remarks - Explanation of Business expenses for Item (8) & Google Map for (7) mileage record.

(12) Less PCard	$
(13) Less Personal Expenses**	$
(14) Amount Due to Traveler	$ 0.00

I hereby certify that the above is a true statement of the travel expenses incurred by me in accordance with Foundation Policy.
I certify that this expenditure benefits the educational mission of the CSU as defined by the respective statutes, Board of Trustee policy and campus policy, and that all items are for official business and include no personal expenses**.

CLAIMANT'S SIGNATURE	DATE	AUTHORIZED SIGNATURE	DATE

*** Original receipts for items (4),(7) & (8) must be attached.***

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