Cal Poly Pomona ENTERPRISES

TRAVEL AUTHORIZATION AND EXPENSE REPORT

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
STREET	Project Number / Object Code
CITY / STATE / ZIP	For All Students (including Grants)
	STUDENT (Mark X): ___ YES ___NO
Phone Number:	Bronco ID #:
Email Address:	Grants #:

DEPARTURE/RETURN			
DATE	*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	(3)	*(4)	(5) MEALS			(6)	*(7) TRANSPORTATION					*(8)	(9)
			Maximum Per Diem							PERSONAL VEHICLE USE (NO MILEAGE CLAIM FOR RENTAL)			
			$22.00	$23.00	$36.00	$5.00				LIC.#			
(2) DATE	WHERE EXPENSES WERE INCURRED	LODGING	BREAK-FAST	LUNCH	DINNER	TIPS	COST OF RENTAL VEHICLE	VEHICLE TYPE USED (PERSONAL OR RENTAL)	CAR FARE/ TOLLS/ PARKING	Rate $ 0.725 MILES	AMOUNT	OTHER BUSINESS EXPENSE	TOTAL EXPENSES (DAILY)
								-			0.00		0.00
								-			0.00		0.00
								-			0.00		0.00
								-			0.00		0.00
								-			0.00		0.00
								-			0.00		0.00
								-			0.00		0.00
								-			0.00		0.00
								-			0.00		0.00
								-			0.00		0.00
(10)	SUBTOTALS:	0.00	0.00	0.00	0.00	0.00	0.00		0.00		0.00	0.00	

Prepared by: **CLAIM TOTAL $** 0.00

(11) Remarks - Explanation of Business expenses for Item (8)

(12) Less PCard $ _____
PCard Holder Name: _____
PCard Number: _____

(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.*