

Travel Authorization#:

REQUEST FOR AUTHORIZATION TO TRAVEL (Domestic Travel)

Campus Business Unit: (check one)

- HMCMP
- HMADV
- HMSCPF

Traveler category: (If students traveling with group, attach EO-1041)

- Faculty ([attach class schedule](#))
- Group Travel ([complete EO-1041](#))
- Staff/Administration
- Students ([complete EO-1041](#))

- NEW DOCUMENT
- REVISED
- CANCEL TRAVEL

Traveler/Group Leader (print clearly): _____ Phone # _____

Traveler's Address: _____ HSU ID#: _____

Dept/Position: _____ Traveler's Email: _____

Travel Arranger's Name: _____ Travel Arranger's Email: _____

Purpose of Trip: _____

Destination State: _____ City: _____ Dates - From: _____ To: _____

Scheduled event begin: _____ Time: _____ Scheduled event end: _____ End time: _____

Chartfield String

Account	Fund	Dept	Program	Class	Project	Amount

Mode of transportation (check all that apply):

- Commercial air carrier
- *Rental vehicle
- *State vehicle
- *Private: complete [STD 261 form](#)

*If you will be driving, a current Defensive Driving Training certification is required to be on file. If not yet done, go to https://training.humboldt.edu/required_training.php to complete your training before obtaining an authorization to travel.

Travel Advance Requested: \$ [Estimated Cost](#) to Encumber (including direct bill): \$

Purpose of Advance:

Comments/Special Instructions:

For Traveler/Group Leader: By signing below, I certify that I have read and agree to follow and be bound by the HSU travel policy and will complete and submit a valid travel expense claim within 30 days following the conclusion of this trip. I certify that if I am driving a privately owned vehicle that I have a fully executed STD 261 on file; and if I am traveling outside the United States I obtain Foreign Travel Insurance through HSU Risk Management..

(REQUIRED) Traveler's Signature: Date:

ALL APPROVAL SIGNATURES ARE REQUIRED FOR DOMESTIC TRAVEL (as indicated below)

By signing, I certify that I have read and complied with the Approving Authority Responsibility section of the HSU travel policy and that the traveler has completed all forms required by the HSU travel policy.

Dept. Chair/Supervisor's Name (PRINT) Signature Date

Dean/Asst. Dean, if applicable (PRINT) Signature Date

Manager/Director/AVP/VP/Asst Provost/Provost (PRINT) Signature Date
Any expense \$2,000.00 or more requires the Vice President's Approval.

-->Once all approval signatures have been obtained,
Send ORIGINAL to Business Services/SBS 345; Take COPY with you on your trip
Keep a COPY for your Department records
COPY to Facilities Management (for HSU-originated vehicle rentals)

Travel related questions, refer to:
HSU Travel Website: www.humboldt.edu/risksafety/univtravel
HSU Travel Email: travel@humboldt.edu
Last Updated: February 19, 2018