

## REQUEST FOR AUTHORIZATION TO TRAVEL (Domestic Travel)

Campus Business Unit: (check one)

- HMCMP
- HMADV
- HMSPF
- HMASB

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](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](http://www.humboldt.edu/risksafety/univtravel)  
HSU Travel Email: [travel@humboldt.edu](mailto:travel@humboldt.edu)

Last Updated: January 4, 2019