



Request for Travel

ASSOCIATED STUDENTS, INC

I. GENERAL INFORMATION:		SHADED AREAS FOR ACCOUNTING USE ONLY			
Last Name, First Name David Zitser		Initials DZ	Employee ID#		
Department Associated Students, Inc.		Ext.	Destination of Trip CSSA Monterey Bay		Abbreviated
Departure to Destination CSSA Monterey Bay	Date 06/09/17	Time 7am	Return from Destination CSSA Monterey Bay		Date 06/18/17
				Time 8pm	
Home/Remit Address		5154 State University Drive Los Angeles, CA 90032			

Personnel Classification/Type of Travel

(Check one box in each column):

Employee Category

- A Instructional Faculty
- B Chair/Director
- C Other
- D Administration
- E Staff
- F Student

Type of Travel

- A Intra-State Travel
- B Intra-State Travel (professional development)
- C Out-of State Travel (essential to the normal operations)
- D Out-of State Travel (professional meeting, association)
- E Out-of State Travel (recruitment)
- F Out-of State Travel (professional development)
- G Moving/Relocation

II. FINANCIAL INFORMATION		Amount	
Account	Fund-Department-Program-Project	\$	100.00
			Registration
		\$	739.80
			Hotel/Lodging
		\$	533.40
			Air Fare/Transportation
		\$	55.00
			Per Diem + Incidentals
		\$	200.00
			Car Rental/Mileage/Gas
		\$	1,628.20
			** Total Request

** Total Request should include all expenses. In the event expenses are more than original request, please submit a memo from department to increase amount along with travel claim.

Signature of Traveling Requestor	Date	Executive Officer	Date
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Per Administrative Procedure 208, approval is required when reimbursement for moving and relocation expenses exceeds \$5,000/\$10,000.

Executive Director	Date	Dean of Students	Date
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III. REQUEST FOR TRAVEL ADVANCE

TO: Business Financial Services: Please issue me a travel advance check in the amount of :

Date Advance Requested:	Thursday, November 3, 2016	Thursday, November 3, 2016	Thursday, November 3, 2016
Payee:	David Zitser	CSU Channel Island	
Address:	5154 State University Drive	One University Drive	
City, State, Zip:	Los Angeles, CA 90032	Camarillo, CA 93012	
Reason:	Per Diem	Registration	
Amount:	\$ 794.80	\$ 100.00	

Authorization by Employee:

This is to authorize the A.S.I./University to deduct from my paycheck any outstanding travel advance after 30 calendar days from return of trip.

Date:	09/15/17	Signature of Employee Requesting Advance	Date
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Form Prepared By:	Dena Florez	Purpose of Trip:	CSSA Monterey Bay
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Forms Required:	Purchase Order No.		
<input type="checkbox"/> Form 204	Remarks		
<input type="checkbox"/> Breakdown of Expenses			
<input type="checkbox"/> Form 262			
<input type="checkbox"/> Form 261			
<input type="checkbox"/> Other	Advance Check Information	Number	Date
			\$ Amount

ATTACHMENT B

Associated Students, Inc.

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 6/93)

CLAIMANT'S NAME David Zitser		DEPARTMENT Associated Students, Inc.	
POSITION ASI President	CB/ID NUMBER	DIVISION OR BUREAU ASSOCIATED STUDENTS, INC.	INDEX NUMBER
RESIDENCE ADDRESS* 5154 State University Drive, U-SU #203		HEADQUARTERS ADDRESS 5154 State University Drive, U-SU #203	TELEPHONE NUMBER x3-4780
CITY Los Angeles	STATE CA	ZIP CODE 90032	CITY LOS ANGELES
			STATE CA
			ZIP CODE 90032

(1) MONTH/YEAR	(2) DATE	(2) TIME	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS BREAK-FAST LUNCH	O.T. L/T N/C, RELOC. OR DINNER	(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY	
								(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES AMOUNT			
Jun-17	06/09	7am	To: CSU Monterey Bay											\$0.00
	09/10													\$0.00
	06/11													\$0.00
	06/12 -		To: Panetta											\$0.00
	06/18		To: CSULA											\$0.00
														\$0.00
														\$0.00
														\$0.00
														\$0.00
														\$0.00
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														\$0.00
														\$0.00
														\$0.00
											Claim Total	\$0.00		
											Less: Advance	(\$102.00)		
											* Due to US Bank (Travel)	\$0.00		
											Due to US Bank (Purch)	\$0.00		
											Total Due To Claimant	\$0.00		
(10) SUBTOTALS				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
COLUMNS CODE (ACCTG. USE ONLY)														
CLAIM TOTAL												\$	0.00	

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach Receipts/vouchers when required) 2017 - CSSA Channel Island		(12) NORMAL WORK HOURS EXEMPT
Please	US BANK	(13) PRIVATE VEHICLE LICENSE NUMBER
Pay	ACCT #	(14) MILEAGE RATE CLAIMED 0.575
	CORPORATE PAYMENT SYSTEMS	AGENCY ACCOUNTING OFFICE
	P.O. Box 790428	USE ONLY
	St. Louis, MO. 63179-0428	
	EAN SERVICES, LLC	
	CSU LA ASI	
	ACCT # DB30K12	
	P.O. BOX 402383	
	ATLANTA, GA 30384-2383	
	5154 State University Drive	
	U-SU #203	
	Los Angeles, CA 90032	
Account Number: 606800-00001-783000-2071		PAID BY REVOLVING FUND CHECK NUMBER
(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.		

CLAIMANT'S SIGNATURE	DATE	(16) EXECUTIVE OFFICER	DATE
EXECUTIVE DIRECTOR	DATE	DEAN OF STUDENTS	DATE

ATTACHMENT C

ATTACHMENT C													
Traveler:													
David Zitser													
Receipts are Required for the following:													
Registration			Gas			Rental							
Purpose:													
CSSA Monterey Bay													
206/2017													
June 9-12 (CSSA); June 12-18 Panetta													
Description	Dates	Dates	Dates	Dates	Dates	Dates	Dates	Dates	Dates	Dates	Dates	Total	
	9-Jun	10-Jun	11-Jun	12-Jun	13-Jun	14-Jun	15-Jun	16-Jun	17-Jun	18-Jun			
Registration/business expense *	\$100.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$100.00	
Hotel/lodging (Max. \$275.00 per night)**	\$246.60	\$246.60	\$246.60	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$739.80	
Airfare/transportation***	\$533.40	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$533.40	
Per Diem Breakfast (\$15.00)	(Per Diem Max of \$55 with overnight stay)	\$15.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15.00	Per Diem
Per Diem Lunch (\$16.00)		\$16.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$16.00	Total
Per Diem Dinner (\$24.00)		\$24.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$24.00	\$55.00
Incidentals (\$7.00 after 24 hrs)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Mileage: (.54 cents per mile)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Rental Car/Taxi/Shuttle/transportation****	\$20.00	\$20.00	\$20.00	\$20.00	\$20.00	\$20.00	\$20.00	\$20.00	\$20.00	\$20.00	\$20.00	\$200.00	
Business Expense	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Gas	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Parking/Toll Roads	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Airport Baggage Check in	\$25.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$25.00	\$50.00	
	\$980.00	\$266.60	\$266.60	\$20.00	\$20.00	\$20.00	\$20.00	\$20.00	\$20.00	\$20.00	\$45.00	\$1,678.20	
**** Lyft or Uber allocation													



ATTACHMENT D

Request for Exception Lodging (maximum \$175.00 per night)

TRAVEL – Business Financial Services

Administration 514 * (323) 343-3550

Date: _____ Department: _____ Extension: _____

Traveler's Information:

Last Name: _____ First Name: _____

Destination of Trip: _____ Lodging Funds Requested: _____

Departure Date: _____ Return Date: _____

Justification for Exception:

Vice President Exception Approval:

Print Name Signature Date

VPA & CFO Review and Recommendation

Approved Denied

Signature: _____ Date: _____

Lisa Chavez, VPA & CFO, Administration & Finance

FOR TRAVEL DEPARTMENT ONLY: