

**Business Financial Services** 

Cal <sup>Stat</sup>

## **Request for Travel**

## ASSOCIATED STUDENTS, INC

| I. GENERAL INFORMATION              | :             |                        | SHADED ARE            | EAS FOR ACCOU   | JNTINC    | G USE (  | ONLY            |                     |             |  |  |  |  |
|-------------------------------------|---------------|------------------------|-----------------------|---|-----------|----------|-----------------|---------------------|-------------|--|--|--|--|
| Last Name, First Name               |               | Initials               |                       | Emplo   | oyee ID#  |          |                 |                     |             |  |  |  |  |
| David Zitser                        |               |                        |                       | DZ  |           |          | - <b>)</b>      |                     |             |  |  |  |  |
|                                     |               |                        |                       |   |           |          |                 |                     |             |  |  |  |  |
| Department                          |               |                        | Ext.                  | Destination of 7  | Trip      |          |                 | Abbreviate          | đ           |  |  |  |  |
| Associated Students, Inc.           |               |                        |                       | C   | SSA Mo    | onterey  | Bay             |                     |             |  |  |  |  |
| Departure to Destinati              | on            | Date                   | Time                  | Return from De  |           |          |                 | Date                | Time        |  |  |  |  |
| CSSA Monterey Bay                   |               | 06/09/17               | 7am                   | CSSA Monterey   | / Rav     |          |                 | 06/18/17            | 8pm         |  |  |  |  |
|                                     |               |                        |                       |   | Day       |          |                 | 00/10/17            | opin        |  |  |  |  |
| Home/Remi                           | t Address     | 5154 State University  | sity Drive            |   |           |          |                 |                     |             |  |  |  |  |
|                                     |               | Los Angeles, CA        | 90032                 |   |           |          |                 |                     |             |  |  |  |  |
|                                     |               |                        |                       |   |           |          |                 |                     | _           |  |  |  |  |
| Barrannal Cleasifies                | tion /T-ma    | of Transl (Cl. )       |                       | 1 \   |           |          |                 |                     |             |  |  |  |  |
| Personnel Classifica                |               |                        | k one box in each co  |   |           |          |                 |                     |             |  |  |  |  |
| Empl                                | oyee Catego   | ory                    |                       | Type of Travel  |           |          |                 |                     |             |  |  |  |  |
|                                     | A 🗆 Inst      | ructional Faculty      |                       | A Intra-State Tra   | vel       |          |                 |                     |             |  |  |  |  |
|                                     |               | ir/Director            |                       | B ☑ Intra-State Travel (professional development)                       |           |          |                 |                     |             |  |  |  |  |
|                                     | C □ Othe      |                        |                       | $C \square$ Out-of State Travel (essential to the normal operations)    |           |          |                 |                     |             |  |  |  |  |
|                                     |               | ninistration           |                       | D <sup>II</sup> Out-of State Travel (professional meeting, association) |           |          |                 |                     |             |  |  |  |  |
|                                     | 5             |                        |                       | $E \square$ Out-of State Travel (processional meeting, association)     |           |          |                 |                     |             |  |  |  |  |
|                                     | E 🗆 Staf      |                        |                       |   |           |          |                 |                     |             |  |  |  |  |
|                                     | F 🛛 Stuc      | ient                   |                       | F Out-of State Tr   |           |          |                 |                     |             |  |  |  |  |
|                                     |               |                        |                       | G D Moving/Reloca   | ation     |          |                 |                     |             |  |  |  |  |
| II. FINANCIAL INFORMATIO            | DN            |                        |                       |   |           | A        | Amount          |                     |             |  |  |  |  |
| Account                             |               | Fund-Der               | partment-Program      | Project   |           | \$       | 100.00          | Registration        |             |  |  |  |  |
| Account                             |               | Tunu-Der               | partificiti-1 lografi | -i i ojeci  | r         | Ψ        | 100.00          | registration        |             |  |  |  |  |
|                                     |               |                        |                       |   |           | \$       | 739.80          | Hotel/Lodging       |             |  |  |  |  |
|                                     |               |                        |                       |   |           |          |                 |                     | tion        |  |  |  |  |
|                                     |               |                        |                       |   |           | \$       | 533.40          | Air Fare/Transporta |             |  |  |  |  |
| Ti                                  | avel-In Sta   | te: 606800-00001-78    | 3000                  |   |           | \$       | 55.00           | Per Diem + Incider  | tals        |  |  |  |  |
|                                     |               |                        |                       |   |           | \$       | 200.00          | Car Rental/Mileage  | Gas         |  |  |  |  |
|                                     |               |                        |                       |   | Ι         | <u> </u> |                 | -                   | , Ca3       |  |  |  |  |
| ** Total Request should include all | expenses. Ir  | i the event expenses a | re more than origini  | al request, please s  | ubmit a   | \$       | 1,628.20        | ** Total Request    |             |  |  |  |  |
| memo from department to increase    | amount alon   | g with travel claim.   |                       |   |           |          |                 |                     |             |  |  |  |  |
|                                     |               |                        |                       |   |           |          |                 |                     |             |  |  |  |  |
| Signature of Traveling Requesto     | r             |                        | Date                  |   | Executi   | ive Offi | icer            |                     | Date        |  |  |  |  |
| 0 0 1                               |               |                        |                       |   |           |          |                 |                     |             |  |  |  |  |
|                                     |               |                        |                       | J   |           |          |                 |                     |             |  |  |  |  |
| Per Administrative Procedure 208,   | approval is r | equired when reimbu    | rsement for moving    | g and relocation ex   | penses e  | exceeds  | \$5,000/\$10,00 | 0.                  |             |  |  |  |  |
| Executive Director                  |               |                        | Date                  | 1   | Dean      | f Stude  | nto             |                     | Date        |  |  |  |  |
| Executive Director                  | Date          | Dean of Students       |                       |   |           |          | Date            |                     |             |  |  |  |  |
|                                     |               |                        |                       |   |           |          |                 |                     |             |  |  |  |  |
| III. REQUEST FOR TRAVEL A           | DVANCE        |                        |                       |   |           |          |                 |                     |             |  |  |  |  |
| TO: Business Financial Ser          |               | so issuo mo a travol   | advance check in      | the amount of .   |           |          |                 |                     |             |  |  |  |  |
|                                     |               |                        |                       |   |           |          |                 | <b>T</b> I          |             |  |  |  |  |
| Date Advance Requested:             |               | November 3, 2016       |                       | vember 3, 2016  |           |          |                 | Thursday, Novem     | ber 3, 2016 |  |  |  |  |
|                                     | David Zitse   | er                     | CSU Channel           | Island  |           |          |                 |                     |             |  |  |  |  |
| Payee:                              |               |                        | CSSA Conference       | ence  |           |          |                 |                     |             |  |  |  |  |
|                                     | 5154 State    | One University         |                       |   |           |          |                 |                     |             |  |  |  |  |
| City, State, Zip:                   |               |                        | Camarillo, CA         |   |           |          |                 |                     |             |  |  |  |  |
|                                     |               | 5, CA 90032            |                       | 93012   |           |          |                 |                     |             |  |  |  |  |
| Reason:                             | Per Diem      |                        | Registration          |   |           |          |                 |                     |             |  |  |  |  |
|                                     |               |                        |                       |   |           |          |                 |                     |             |  |  |  |  |
| Amount:                             | \$            | 794.8                  | 80 \$                 |   |           |          | 100.00          |                     |             |  |  |  |  |
|                                     |               |                        |                       |   |           |          |                 |                     |             |  |  |  |  |
| Authorization by Empl               | oyee:         |                        |                       | rize the A.S.I./Uni   |           |          |                 |                     |             |  |  |  |  |
|                                     |               |                        | outstanding tra       | vel advance after 3   | 0 calenda | lar days | from return     | of trip.            |             |  |  |  |  |
|                                     |               |                        |                       | ·   |           | 0        | -               |                     |             |  |  |  |  |
| Date:                               |               | 09/15/17               |                       | Signature of Em   | nployee   | Reque    | sting Advan     | се                  | Date        |  |  |  |  |
|                                     |               |                        |                       |   |           |          |                 |                     |             |  |  |  |  |
| Form Prepared By:                   |               |                        | _                     | L   |           | _        | _               |                     |             |  |  |  |  |
| Former repared by:                  | L             | ena Florez             | F                     | Purpose of Trip:  | CSSA N    | Montere  | ey Bay          |                     |             |  |  |  |  |
|                                     |               |                        |                       |   |           |          |                 |                     |             |  |  |  |  |
| Forms Required:                     |               |                        | Purch                 | ase Order   |           |          |                 |                     |             |  |  |  |  |
| roms nequired.                      |               |                        | i urch                |   |           |          |                 |                     |             |  |  |  |  |
| Form 204                            |               |                        | Romarka               | No.   |           |          |                 |                     |             |  |  |  |  |
|                                     |               |                        | Remarks               |   |           |          |                 |                     |             |  |  |  |  |
| Breakdown of Expenses               |               |                        |                       |   |           |          |                 |                     |             |  |  |  |  |
| Form 262                            |               |                        |                       |   |           |          |                 |                     |             |  |  |  |  |
| Form 261                            |               |                        |                       | <b>.</b>  |           |          |                 | 5.                  |             |  |  |  |  |
| Other                               |               |                        | Advance Check         | Number  |           |          |                 | Date                | \$ Amount   |  |  |  |  |
|                                     |               |                        | Information           |   |           |          |                 |                     |             |  |  |  |  |

## **ATTACHMENT B**

| STD. 262 (REV. 6/9              | 3)                                | NSE CLAIM   | Assoc                          | iated                   | Stu                | idents                     | , Inc    | •                 |              |                   | Page  | 1 of1<br>TMENT            | Pages                               |                     |  |  |  |  |
|---------------------------------|-----------------------------------|---|--------------------------------|-------------------------|--------------------|----------------------------|----------|-------------------|--------------|-------------------|-------|---------------------------|-------------------------------------|---------------------|--|--|--|--|
| CLAIMANTS NAI                   |                                   |   |                                |                         |                    |                            |          |                   |              |                   |       |                           | Students, Inc.                      |                     |  |  |  |  |
| POSITION<br>ASI Presi           | ident                             |   |                                | CB/ID NUMBER            |                    | DIVISION OR BUI            |          | <b>FUDENTS</b> ,  | INC.         |                   |       |                           | I NDEX NUMBER                       |                     |  |  |  |  |
| RESIDENCE ADD                   | RESS*                             | ersity Drive, U-SU  | I #203                         |                         |                    | HEADQUARTERS               | ADDRESS  | sity Drive,       |              |                   |       |                           | TELEPHONE NUMBER                    |                     |  |  |  |  |
| CITY                            |                                   | cisity Diive, 0-50  | STATE                          | ZIP CC                  | DDE                | CITY                       |          | sity Diive,       | 0-00         |                   | STATE |                           |                                     | ZIP CODE            |  |  |  |  |
| Los Angeles (1) MONTH/YEAR (3)  |                                   | (4)<br>(4)  | <b>90032</b>                   | MEALS                   | LOS ANGELES        |                            |          |                   | TRANSPORTATI | CA<br>ON          |       | (8)                       | 90032<br><sup>(9)</sup>             |                     |  |  |  |  |
| Jun-1                           | 17                                | LOCATION  |                                |                         |                    | O.T L/T<br>N/C, RELOC.     | INCIDEN- | (A)               | (B)          | (C)<br>CARFARE,   | PRIV  | (D)<br>ATE CAR USE        | BUSINESS                            | TOTAL               |  |  |  |  |
| (2)<br>DATE<br>06/09            | тіме<br>7ат                       | WHERE EXPENSES<br>WERE INCURRED   | LODGING                        | BREAK-<br>FAST          | LUNCH              | OR<br>DINNER               | TALS     | COST OF<br>TRANS. | TYPE<br>USED | TOLLS,<br>PARKING | MILES | AMOUNT                    | EXPENSE                             | EXPENSES<br>FOR DAY |  |  |  |  |
| 09/10                           | 7 a 111                           | To: CSU Monterey Bay  |                                |                         |                    |                            |          |                   |              |                   |       |                           |                                     | \$0.00<br>\$0.00    |  |  |  |  |
| 06/11                           |                                   |   |                                |                         |                    |                            |          |                   |              |                   |       |                           |                                     | \$0.00              |  |  |  |  |
| 06/12 -                         |                                   | To: Panetta   |                                |                         |                    |                            |          |                   |              |                   |       |                           |                                     | \$0.00              |  |  |  |  |
| 06/18                           |                                   | To: CSULA   |                                |                         |                    |                            |          |                   |              |                   |       |                           |                                     | \$0.00              |  |  |  |  |
|                                 |                                   |   |                                |                         |                    |                            |          |                   |              |                   |       |                           |                                     | \$0.00              |  |  |  |  |
|                                 |                                   |   |                                |                         |                    |                            |          |                   |              |                   |       |                           |                                     | \$0.00              |  |  |  |  |
|                                 |                                   |   |                                |                         |                    |                            |          |                   |              |                   |       |                           |                                     | \$0.00<br>\$0.00    |  |  |  |  |
|                                 |                                   |   |                                |                         |                    |                            |          |                   |              |                   |       |                           |                                     | \$0.00              |  |  |  |  |
|                                 |                                   |   |                                |                         |                    |                            |          |                   |              |                   |       |                           |                                     | \$0.00              |  |  |  |  |
|                                 |                                   |   |                                |                         |                    |                            |          |                   |              |                   |       |                           |                                     | \$0.00              |  |  |  |  |
|                                 |                                   |   |                                |                         |                    |                            |          |                   |              |                   |       |                           |                                     | \$0.00              |  |  |  |  |
|                                 |                                   |   |                                |                         |                    |                            |          |                   |              |                   |       |                           |                                     | \$0.00              |  |  |  |  |
|                                 |                                   |   |                                |                         |                    |                            |          |                   |              |                   |       |                           | Claim Total                         | \$0.00              |  |  |  |  |
|                                 |                                   |   |                                |                         |                    |                            |          |                   |              |                   |       | <b>D</b> ( <b>1</b>       | Less: Advance                       | (\$102.00)          |  |  |  |  |
|                                 |                                   |   |                                |                         |                    |                            |          |                   |              |                   |       |                           | JS Bank (Travel)<br>US Bank (Purch) | \$0.00<br>\$0.00    |  |  |  |  |
|                                 |                                   |   |                                |                         |                    |                            |          |                   |              |                   |       | Total I                   | \$0.00                              |                     |  |  |  |  |
| (10)                            |                                   |   | \$0.00                         | \$0.00                  | \$0.00             | ¢0.00                      | \$0.00   | \$0.00            |              | \$0.00            |       | \$0.00                    |                                     |                     |  |  |  |  |
| COLUMNS CODE                    | SUBT(<br>ACCTG. U                 |   | \$0.00                         | \$0.00                  | <b>\$0.00</b>      | \$0.00                     | \$0.00   | \$0.00            |              | \$0.00            |       | \$0.00                    | \$0.00                              | \$0.00              |  |  |  |  |
|                                 |                                   | I TOTAL   |                                |                         |                    |                            |          | <u>.</u>          |              |                   |       |                           | \$                                  | 0.00                |  |  |  |  |
| (11) PURPOSE OF                 | TRIP, REMA                        | RKS AND DETAILS (Attach Receipts/w<br>Channel Island  | ouchers when required)         |                         |                    |                            |          |                   |              |                   |       |                           | l work hours<br>EXEMPT              |                     |  |  |  |  |
| Please                          | US BA                             |   |                                |                         |                    | EAN SER                    | VICES.   | LLC               |              |                   |       |                           | E VEHICLE LICENSE NUMB              | ER                  |  |  |  |  |
| Pay                             | ACCI                              |   |                                |                         |                    | CSU LA A                   |          |                   |              |                   |       |                           |                                     |                     |  |  |  |  |
| v                               | -                                 | PORATE PAYME  | NT SYSTEM                      | S                       |                    | ACCT # D                   |          |                   |              |                   |       | (14) MILEAGE RATE CLAIMED |                                     |                     |  |  |  |  |
| P.O. Box 790428 P.O. BOX 402383 |                                   |   |                                |                         |                    |                            |          |                   |              | 0.575             |       |                           |                                     |                     |  |  |  |  |
|                                 | St. Lo                            | ouis, MO. 63179-04  | 28                             |                         |                    | ATLANT                     | A, GA 3  | 0384-2383         |              |                   |       | AGENCYACCOUNTING OFFICE   |                                     |                     |  |  |  |  |
|                                 |                                   |   |                                |                         |                    |                            |          |                   |              |                   |       |                           | USE ONLY                            |                     |  |  |  |  |
|                                 |                                   |   |                                |                         |                    |                            |          |                   |              |                   |       |                           |                                     |                     |  |  |  |  |
|                                 |                                   | State University Dr   | ive                            |                         |                    |                            |          |                   |              |                   |       |                           |                                     |                     |  |  |  |  |
|                                 | U-SU                              |   |                                |                         |                    |                            |          |                   |              |                   |       |                           |                                     |                     |  |  |  |  |
|                                 | LOS A                             | ngeles, CA 90032  |                                |                         |                    |                            |          |                   |              |                   |       |                           |                                     |                     |  |  |  |  |
|                                 |                                   |   |                                |                         |                    |                            |          |                   |              |                   |       |                           |                                     |                     |  |  |  |  |
|                                 | Account N                         | um hom  |                                |                         |                    |                            |          |                   |              |                   |       | PAID                      | BY REVOLVING FUND CHE               | CK NUMBER           |  |  |  |  |
|                                 |                                   | 0-00001-783000-20   | 71                             |                         |                    |                            |          |                   |              |                   |       |                           |                                     |                     |  |  |  |  |
| (15)                            | of California.<br>to or greater t | RTIFY That the above is a true statement of<br>If a privately owned vehicle was used, and i<br>han the rate claimed, and that I have met th | f mileage rates exceed the min | imum rate, I certify th | nat the cost of op | erating the vehicle was eq | ual      |                   |              |                   |       | 1                         |                                     |                     |  |  |  |  |
| CLAIMANT'S SIGN                 |                                   | and seat belt usage.  |                                | DATE                    |                    | (16) EXECUTIVE O           | FFICER   |                   |              |                   |       | 1                         | DATE                                |                     |  |  |  |  |
| EXECUTIVE DIRECTOR DATE         |                                   |   |                                |                         |                    | DEAN OF STUDEN             | TS       |                   |              |                   | DATE  |                           |                                     |                     |  |  |  |  |

| <u> </u>                                   |                  |                               |              |                   |           |         |         |         |         |         |         |            | $\vdash$ |
|--|------------------|-------------------------------|--------------|-------------------|-----------|---------|---------|---------|---------|---------|---------|------------|----------|
| Trouclar                                   |                  |                               |              |                   |           |         |         |         |         |         |         |            |          |
| Traveler:                                  |                  | Dee                           | ainta ara Da | nulue of fear the | fallouing |         |         |         |         |         |         |            |          |
| David Zitser                               |                  | Receipts are Required for the |              |                   |           |         |         |         |         |         |         |            |          |
| Purpose:                                   |                  | Registration                  |              | Gas               |           | Rental  |         |         |         |         |         |            |          |
|  |                  |                               |              |                   |           |         |         |         |         |         |         |            |          |
| CSSA Monterey Bay                          |                  |                               |              |                   |           |         |         |         |         |         |         |            |          |
|  |                  |                               |              |                   |           |         |         |         |         |         |         |            | -        |
|  |                  |                               |              |                   |           |         |         |         |         |         |         |            |          |
|  |                  |                               | 206/2017     |                   |           |         |         |         |         |         |         |            |          |
|  |                  | June 9-12 (C                  | SSA); June   | e 12-18 Pan       | etta      |         |         |         |         |         |         |            |          |
|  |                  | Dates                         | Dates        | Dates             | Dates     | Dates   | Dates   | Dates   | Dates   | Dates   | Dates   |            |          |
| Description                                |                  | 9-Jun                         | 10-Jun       | 11-Jun            | 12-Jun    | 13-Jun  | 14-Jun  | 15-Jun  | 16-Jun  | 17-Jun  | 18-Jun  | Total      |          |
| Registration/business expense *            |                  | \$100.00                      | \$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  | \$739.80   |          |
| Airfare/transportation***                  |                  | \$533.40                      | \$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 | \$15.00                       | \$0.00       | \$0.00            | \$0.00    | \$0.00  | \$0.00  | \$0.00  | \$0.00  | \$0.00  | \$0.00  | \$15.00    | Pe       |
| Per Diem Lunch (\$16.00)                   | \$55 with        | \$16.00                       | \$0.00       | \$0.00            | \$0.00    | \$0.00  | \$0.00  | \$0.00  | \$0.00  | \$0.00  | \$0.00  | \$16.00    |          |
| Per Diem Dinner (\$24.00)                  | overnight stay)  | \$24.00                       | \$0.00       | \$0.00            | \$0.00    | \$0.00  | \$0.00  | \$0.00  | \$0.00  | \$0.00  | \$0.00  | \$24.00    | \$       |
| 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     |          |
| 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     |          |
| 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 | \$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     |          |
| Gas  |                  | \$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     |          |
| Airport Baggage Check in                   |                  | \$25.00                       | \$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 | \$45.00 | \$1,678.20 |          |
|  |                  |                               |              |                   |           |         |         |         |         |         |         |            |          |
|  |                  |                               |              |                   |           |         |         |         |         |         |         |            |          |



**ATTACHMENT D** 

Request for Exception Lodging (maximum \$175.00 per night) TRAVEL – Business Financial Services Administration 514 \* (323) 343-3550

Department: Extension: Date: **Traveler's Information:** Last Name: First Name: Destination of Lodging Funds Requested: Trip: Return Date: Departure 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: