



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

Travel-In State: 606800-00001-783000

** 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
Form Prepared By:	Dena Florez	Purpose of Trip:	CSSA Monterey Bay

Forms Required:

- Form 204
- Breakdown of Expenses
- Form 262
- Form 261
- Other

Purchase Order No.

Remarks

Advance Check Information	Number	Date	\$ Amount
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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 Total \$55.00
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	
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	
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: