

# Travel Pre-Approval Authorization Information

(Please submit with Travel Approval and Expense Report)

Name: \_\_\_\_\_

Travel Form #: \_\_\_\_\_

Destination: \_\_\_\_\_

Travel Dates: \_\_\_\_\_

Explain professional reasons for travel request. *Please attach provide proof of registration, proof of participation, and/or copy of conference program.*

Please explain in detail how your classes will be covered while traveling. Cancellation of courses is not an option. If you will not miss any classes, please indicate so.

List estimated expense budget for travel:

Transportation	Lodging	Meals	Registration	Miscellaneous
<b>Total:</b>				
<b>Amount to be covered by CSU?</b>				

List account numbers to charge and the amount you want charged to each account

Account(s) to be Charged	Amount