

ASSOCIATED STUDENTS  
SAN DIEGO STATE UNIVERSITY  
TRAVEL APPROVAL FORM

**GENERAL INFORMATION:**

(All items in this section must be filled in)

Name of person travelling: \_\_\_\_\_

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

Purpose: \_\_\_\_\_

Left San Diego:      Date: \_\_\_\_\_      Time: \_\_\_\_\_

Return to San Diego:      Date: \_\_\_\_\_      Time: \_\_\_\_\_

Method of travel: \_\_\_\_\_

**ESTIMATED EXPENSES:**

	Date:	Breakfast \$	Lunch \$	Dinner \$	Incidental \$	Total Cost:	Reimbursed previously:
<b>MEALS:</b> (Not covered by conference fee)	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>
	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>
	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>
	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>
	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>
<b>LODGING:</b>  (If lodging exceeds allowable amount, document reason):	_____					_____	<input type="checkbox"/>
	_____					_____	<input type="checkbox"/>
<b>TRANSPORTATION:</b> (If auto or van, include mileage)	_____					\$ _____	<input type="checkbox"/>
	_____					\$ _____	<input type="checkbox"/>
<b>OTHER:</b> (Be specific in description)	_____					\$ _____	<input type="checkbox"/>
	_____					\$ _____	<input type="checkbox"/>
	_____					\$ _____	<input type="checkbox"/>
	_____					\$ _____	<input type="checkbox"/>
	_____					\$ _____	<input type="checkbox"/>
<b>TOTAL OF EXPENSES:</b>						<b>TOTAL \$</b> _____	

(Print form, then sign)

I CERTIFY THE ABOVE INFORMATION TO BE CORRECT \_\_\_\_\_ DATE \_\_\_\_\_  
Signature of person traveling

I PRE-AUTHORIZE THE PERSON ABOVE TO TRAVEL ON BEHALF OF ASSOCIATED STUDENTS \_\_\_\_\_ DATE \_\_\_\_\_  
Supervisor Signature