TRAVEL FORMS

Any student club/organization that plans to reimburse or pay for travel expenses must have each attendee from Cal Poly Pomona fill out an Authorization to Travel Form, Estimated Travel Expense, and a Liability Release Form.

Effective December 15, 2016 all travel forms must be submitted to ASI Financial Services at least 10 business days prior to the event. Late submissions will not be accepted and disbursement requests for travel and expenses related to the travel will not be processed.

Filling in the Travel Forms
EVERY ATTENDEE FROM CAL POLY POMONA MUST FILL OUT EACH FORM

**Request for Authorization to Travel Form (Group)**
*Refer to page 44 for the Request for Authorization to Travel form*
1. Give the name of the event, the location being traveled to, and the date(s) of the travel.
2. Account number (Agency, ASI, IRA, BSC) to be charged.
3. Total trip estimate is the cost of the entire event including the cost of each and every attendee for travel, meals, etc.
4. Provide a detailed description and justification/purpose for the travel.
5. All traveler’s names and email addresses must be listed.
6. An advisor/supervisor must approve and sign the form.

**Estimated Travel Expenses**
*Refer to page 45 for the Estimated Travel Expenses form*
1. Each traveler expecting a reimbursement must fill out a form.
2. If airfare is involved, include the Airline Carrier and an estimated total.
3. If lodging is involved, include the confirmation # of the booking, if available.
4. Include any conference/seminar fees that were incurred.
5. Include any other expenses not covered in previous sections.
6. If transportation is involved, indicate which modes of transportation will be used or for personal cars, any mileage to be covered.
7. If a traveler is requesting a travel advance, include any meals and incidentals and total the amount being requested. Signature of the traveler requesting the travel advance is needed.

**Release of Liability**
*Refer to page 46 for the Release of Liability form*
1. Give the name of the event, the location being traveled to, and the date(s) of the travel.
2. Each traveler from Cal Poly Pomona must sign, print, and date their form.

All forms are available on the ASI website under Financial Services and must be signed and turned in all together to Financial Services to receive a Travel Authorization number to be used when filling in a disbursement request. Please note all signatures must be original (not scanned or emailed)

http://asi.cpp.edu/services/financial-services/
ASSOCIATED STUDENTS INC.

ESTIMATED TRAVEL EXPENSES

Traveler’s Name: ____________________________

Airfare
Check payable to: __________________________
Airline Carrier: ____________________________
Address: __________________________________

Total: $ __________ -

Lodging
Check payable to: __________________________
Confirmation # ____________________________
Dates Staying ____________________________

Total: $ __________ -

Fee for Conference / Seminar:
Check payable to: __________________________
Address: __________________________________
Registration Pre-Deadline: __________________

Total: $ __________ -

Other
Explanation: ________________________________
Check payable to: __________________________
Address: __________________________________

Total: $ __________ -

Other Transportation:
Explanation: (bus, rental car, taxis, train, etc.)
Use of personal car: miles x 0.535
(Employee or authorized volunteer must submit proof of personal automobile liability insurance with coverage and limits that meet California’s minimum requirements).
Check payable to: __________________________
Address: __________________________________

Total: $ __________ -

Cash Advance to ASI Traveler

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meals</td>
<td>$</td>
</tr>
<tr>
<td>Incidental(s) (tips, phone calls, etc.)</td>
<td>-</td>
</tr>
</tbody>
</table>

Total cash advance to traveler: $ __________ -

Please submit an expense claim (with receipts) within 10 working days upon return. I acknowledge that failure to submit a complete travel expense claim and return any unused portion of the above advance(s) within 10-day period can result in deduction(s) by ASI to recover the entire amount advanced.

Signature of Traveler __________________________ Date __________

Figure 9 Estimated Travel Expense