



San José State
UNIVERSITY
FOUNDATION

P.O. Box 720130,
San Jose, CA 95172-0130

T _____

TRAVEL AUTHORIZATION AND REQUISITION OF FUNDS FORM

Request for:
 Travel Auth.
 Advance

Routing:	<input type="checkbox"/> Mail to Payee <input type="checkbox"/> Hold for Pickup	AUTHORIZATION:	DATE:	ACCT:
		A/P _____	_____	DATE: _____
		C&G _____	_____	PHONE: _____
VENDOR#		PMT _____	_____	DEPARTMENT _____

Traveler's Name	Position/Title:
Street Address	SS#
City, State, Zip	Campus Phone:
Destination:	Inclusive Dates of Travel
Purpose of Trip	

ESTIMATED EXPENSES										
	1	2	3	4	5	6	7	8	9	
For Entire Trip	Lodging	Est. Meals: Or		Incidental	Airfare, Train, etc.	Taxi, Shuttle, Parking	Private Auto		Reg. Fees & Other Bus Expense	Amt Authorized (Add 1-9) total
		Breakfast	Lunch				Dinner	Miles		
Total										

_____ Claimant Signature _____ Account Authorized Signature _____ Direct Supervisor Authorization	Less Amount Prepaid by Foundation _____ Registration: _____ Airfare: _____ Other: _____ Amount To Advance Traveler: _____
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***SUBMIT ORIGINAL RECEIPTS TRAVEL EXPENSE CLAIM**

Date	Lodging	Breakfast	Lunch	Dinner	Incidental	Airfare, Train, etc.	Taxi, Shuttle, Parking	Private Auto		Reg. Fees & Other Bus Expense	(Add 1-9) Total
								Miles	Amount		

Notes:	TOTAL AMOUNT EXPENDED
	LESS PREPAID EXPENSES
	LESS AMOUNT ADVANCED
Signature of Claimant	AMOUNT DUE TO TRAVELER
Acct. Authorized Signature	AMOUNT DUE TO FOUNDATION*
(Required for claims exceeding authorized amount)	*Attach check made out to SJSU Foundation

ACCOUNTING USE ONLY						
QTY/TAXABLE AMT	ACCOUNT	INVOICE NUMBER	INVOICE AMOUNT	INVOICE DATE	MISC CODE	NON-TAX SHIPPING