

**CALIFORNIA STATE UNIVERSITY, FULLERTON  
BLANKET TRAVEL REQUEST**

This form is for travel within California and only to be used for the following expenses: 1) mileage and 2) parking .

**Fiscal Year** \_\_\_\_\_

**DIVISION:** \_\_\_\_\_

**DEPARTMENT:** \_\_\_\_\_

**DEPT ID:** \_\_\_\_\_

*(only one Dept ID permitted)*

**PURPOSE:**

**SELECT ONE:**    **Original**                      **Revision**

**PREPARED BY:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

CSUF EMPLOYEE / STUDENT EMPLOYEE / STUDENT	CWID #	ACCOUNT-FUND-DEPT-PROG-CLASS-PROJ						ESTIMATED AMOUNT	MAX. AMOUNT ALLOWED (Optional)	SIGNATURE STUDENT EMPLOYEE / STUDENT/ EMPLOYEE (Agree to terms below)	DATE	Private Vehicle	University Vehicle	CHECK APPROPRIATE BOX			TRAVEL DOCUMENT NUMBER	ACCOUNTS PAYABLE USE ONLY
		(6)	(5)	(5)	(4)	(5)	(8)							Faculty / Staff	Student Employee	Student		

"I am in possession of a valid California or other State driver's license. I certify that I have not been issued more than three moving violations or have been responsible for more than three accidents (or any combination of more than three thereof) during the past twelve month period. I understand that I and any passengers in any vehicle driven on University business must wear a seat belt, and that I must report all accidents to University Police or the Office of University Risk Management within 48 hours. I understand that to drive on University business, I must have submitted an original 'Authorization to Obtain Driving Records from the Department of Motor Vehicles' form (INF 254) to University Police, submitted a copy of the approved 'Authorization to Use Privately Owned Vehicles on State Business' form (STD 261) to Travel Operations (if driving a private vehicle) and completed University approved defensive driver training within the last four years. If traveling internationally, I have reviewed the U.S. State Department's Travel Advisory associated with the area(s) of travel as a part of my analysis to undertake this travel event. [travel.state.gov]"

**APPROVAL:** I am authorized to approve this travel and adequate funds are available. In addition, I certify that this travel serves a University business purpose.

\_\_\_\_\_  
PRINT NAME OF APPROVER                      APPROVER'S SIGNATURE                      DATE

\_\_\_\_\_  
PRINT NAME OF APPROVER                      APPROVER'S SIGNATURE                      DATE

\_\_\_\_\_  
PRINT NAME OF APPROVER                      APPROVER'S SIGNATURE                      DATE

**INSTRUCTIONS:**

- 1) All signatures must be original
- 2) Required Student Travel forms (Release of Liability and Student Conduct) for each student employee (non-job related) and student must be attached to the Blanket Travel Request
- 3) For expenses paid by State funds, a document number will be assigned to each employee / student employee / student
- 4) Travel Expense Claims must be submitted on a monthly basis for travel incurred within each month **(Combined months not permitted)**
- 5) Travel Expense Claims must be submitted within 60 days prior to the next month **(i.e., July expenses must be submitted before end of August)**
- 6) Completed Monthly Mileage Details form must be attached to the Travel Expense Claim

Submit form to Travel Operations (CP-300) | Questions? [travel@fullerton.edu](mailto:travel@fullerton.edu) | Rev. Date 06/2021