

Name: Empl ID:
 Department: Phone:

Departure/Return: From: Date: Time:
 To: Date: Time:

Destination:

Purpose of Trip: **Funding is pre-approved from department College Based Fees (CBF), and is essential to the educational mission supporting research by the Biological Sciences Department and the College of Science and Mathematics.**

I am driving a private vehicle Vehicle License #:
 I have on file in my department a properly completed 261 Authorization to Use Privately Owned Vehicles form.

STATE FINANCIAL INFORMATION

Account	Fund	DeptID	Program	Class	Project/Grant	Amount
606002	SL001	115100	AA006			<input type="text"/>
						<input type="text"/>

Travel Advance Request: Amount: _____ Date Needed: _____
 State Expenses not to exceed:

CAL POLY CORPORATION FINANCIAL INFORMATION

Advance Request:	Org Key	Obj Code	Amount	Reference/Invoice #
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Advance Request:			\$ -	Date Needed: _____

CAL POLY FOUNDATION FINANCIAL INFORMATION

Advance Request:	Org Key	Obj Code	Amount	Reference/Invoice #
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Advance Request:			\$ -	Date Needed: _____

Please read and sign below:

I certify that if I am driving a privately owned vehicle that I have liability insurance in force in at least the following amounts: \$15,000 for personal injury to, or death of, one person, \$30,000 for personal injury to two or more persons in one accident, \$5,000 for property damage. I further certify that my vehicle is adequate for the work performed, equipped with seat belts and in safe mechanical condition; that a current Privately-Owned Vehicle Insurance Certification Form STD 261 is on file with my supervisor, and that any accident that may occur while the vehicle is being operated on State business will be reported within 48 hours on Form STD 270.

I agree to submit my TRAVEL EXPENSE CLAIM for this trip no later than 10 days after my return and to repay the balance, if any, of unexpended travel money advanced. I understand and agree that any amount due may be deducted in full from funds payable to me by the State, including any salary warrant(s) issued to be by the State Controller. **(NOTE: The State will not pay for expenses not incurred or related to trips not taken, such as non-refundable deposits/registration fees, airline ticket charges for trips that are canceled. The employee will be held personally responsible for such charges unless non-State funding can be identified.)**

Traveler's Signature: _____ Date: _____
 Approval Signature: _____ Date: _____