



CALIFORNIA STATE UNIVERSITY, LONG BEACH
REQUEST FOR TRAVEL



Giselle's 800-388-3238

Dept Reference Number: _____

Request Date: _____

(Line Description)

Employee Name: _____
LAST NAME FIRST NAME

Department: _____

Employee ID #: _____

Campus Extn: _____

Employee Address: _____

Name of Organization / Association Event: _____

Purpose of the Trip: _____

Travel Dates: From _____ To _____ TrUj Y`jg: I G [] 56FC58 []

Trip Destination: _____

XUAP Provost Signature Required for International Itineraries

Please check if travel is direct billed through Giselle's: [] Airfare * [] Rental Car *

*If using Giselle's for airline or rental car, fax copy to Giselle's 208-338-6023 and Accounts Payable 562-985-1702

HfUj Y`5 VfcUX`fYei `fYg: H@D`]bgi fUbW/ UFY`nci `fYei YgHb[`W Uf[Yg`VY`Udd`]YX to the same chartfields as the trip? `Yes No

If bo, please use last line VY`ck `UbX`W`a d`YH`A Y: H@D`]bgi fUbW expenses `W UfH`Y`Xg"

Chartfield: Table with columns: Amount, Account, Fund, Dept ID, Program, Class, Project, 3rd Party, Billing Number

Travel Advance Request (International Travel & Student Group Travel Only)
(If cash advance is requested, submit form to AP for processing.)
Advance Amount Requested: _____ Needed By: _____ Call: _____ for pick up. Ext: _____
(No earlier than 10 days prior to departure)

STATEMENT OF EMPLOYEE'S RESPONSIBILITY

I, the undersigned, hereby acknowledge my responsibility to clear any advance (including cash advances and Giselle's airfare) within 30 days after the end of the trip. I further understand that any uncleared advance may result in taxable income to me.

Traveler's Signature _____ Date _____ Appropriate Administrator Signature _____ Date _____
Administrator Printed Name: _____
Other Signature _____ Date _____ Other Signature _____ Date _____
For Academic Depts: Travel within US For Academic Depts: International Travel

Travel Agency Notes/Requests:
Contact/Arranger Name: _____ Contact/Arranger Extension: _____
(For Ticketing/Billing Issues)