

One Washington Square, San Jose, CA 95192

Research Foundation Email: Foundation-Travel-Desk@sjsu.eduTower Foundation Email: TowerAP-group@sjsu.edu

Phone: 408-924-1400

Phone: 408-924-1765

Instructions: Complete the form prior to booking any travel and obtain approvals through DocuSign. For instructions specific to each auxiliary see below:

- [Tower Foundation Travel Policy](#)
- [Research Foundation Travel Policy](#)

Select One:	☐ SJSU Student	☐ SJSU Staff or Faculty	Other (Specify): _____
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I. Traveler and Trip Information

Today's Date: _____

Traveler Name: _____

Account#: _____

Position/Title: _____

Phone#: _____

Trip Requisition #: _____

Email: _____

Home Address: _____

Travel Dates: _____

Purpose of Travel: _____

Destination(City, State, Country): _____

II. Estimated Expenses (Required)

Transportation:	\$ _____
Registration, Fees:	\$ _____
Lodging:	\$ _____
Meal:	\$ _____
Other(specify):	\$ _____
Total:	\$ _____
Amount Estimated:	\$ _____

III. Student Travel (Required)

I certify that these expenses (check all that apply)

- ☐ Directly supports a faculty member's project or Program, or;
- ☐ Are related to presenting or leading a session at a Conference (attach a copy of conference program)
- ☐ Are incurred while officially representing the University

IV. Authorization Signatures (Required)

Traveler: Signature: _____

Date: _____

Direct Supervisor: Print Name: _____

Signature: _____

Date: _____

*Account Signer: Print Name: _____

Signature: _____

Date: _____

(*required if supervisor is not an account signer.

V. Authorization Signatures for International Travel (Refer to Travel Policy for Additional Information)

CFO: _____

Date: _____

Check box if travel is to a high hazard region. Approval is required from the Chancellor's Office and must be attached with this form.

Note: High Hazard International Travel also requires Chancellor Office Approval. Attach approval when submitting this form. Refer to the ravel Policy for details.