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:	_____Mail to Payee _____Hold for Pickup	AUTHORIZATIO:	DATE:	ACCT:	
VENDOR#		A/P _____ C&G _____ PMT _____	_____ _____ _____	DATE: PHONE: DEPARTMENT	_____ _____ _____ _____

Traveler' s Name	Position/Title:	
Street Address	SS#	Campus Phone:
City, State, Zip		Campus Zip:
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	Amount		
Total											

Less Amount Prepaid by Foundation _____
Registration: _____
Airfare: _____
Other: _____
Amount To Advance Traveler: _____

_____
Claimant Signature

_____
Account Authorized Signature

_____
Direct Supervisor Authorization

***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

FBS7: 1/01