

# CSU TRAVEL AUTHORIZATION

CSUFRS – 30 (12/99)

CENTRAL CONNECTICUT STATE UNIVERSITY

1615 STANLEY STREET  
NEW BRITAIN, CT 06050

1. Use this form for all travel; all requests must be typewritten
2. Forward intact after signature(s) to Business/Travel Office
3. Sandtiz Travel: 521-0882

Original TA	Revised TA
T.A. No. T	
DATE OF REQUEST:	
S.S.#	

EMPLOYEE NAME:	WORK PHONE/EXT:	HOME PHONE:
TITLE:	EMPLOYEE NO:	AARP MEMBER: YES NO
OFFICIAL DUTY STATION:	SENIOR CITIZEN: YES NO	
COLLECTIVE BARGAINING UNIT:	AAUP	MGMT
	SUOAF-AFSCME	OTHER

ITINERARY		DEPART		RETURN		CARRIER INFOR Flight/Rail/Bus
HOME/DUTY STATION	TO	DATE	HOUR	DATE	HOUR	

OBJECT AND NECESSITY OF TRAVEL (Attach substantiating documents)

- |  |  |   |   |   |
|--|--|---|---|---|
| <input type="checkbox"/> 01 Paper Presentation | <input type="checkbox"/> 03 Research               | <input type="checkbox"/> 05 Team Travel | <input type="checkbox"/> 07 Faculty Development | <input type="checkbox"/> 09 Other Activities (Describe) |
| <input type="checkbox"/> 02 Conf./Workshop     | <input type="checkbox"/> 04 Recruiting (Athletics) | <input type="checkbox"/> 06 Training    | <input type="checkbox"/> 08 Univ. Development   | <input type="checkbox"/> 99 Other (Describe)            |

TYPE OF TRANSPORTATION

AIR ( Sandtiz  Outside Agent)       PERSONALLY OWNED CAR (Current Copy of Insurance Policy req.)      EXP. DATE \_\_\_\_\_

RAIL ( Sandtiz  Outside Agent)       STATE OWNED CAR       OTHER (Specify) \_\_\_\_\_

PARKING PERMIT REQUIRED      NAMES OF RIDERS: \_\_\_\_\_

Registration Prepaid by Agency:  Yes      Vendor's FEIN # (MANDATORY) \_\_\_\_\_      Voucher No.: \_\_\_\_\_

**\* AGREEMENT ON REVERSE MUST BE SIGNED\***

Travel Advance Requested:  Yes      Amount Requested: \$ \_\_\_\_\_

Total Cost (Itemize) Note: Rates for meals and lodging should not exceed those provided for in standard Travel Reservations and in Collective Bargaining Agreements.

<input type="checkbox"/> Airfare/Rail	\$ _____	<input type="checkbox"/> Lodging (Per Diem Rate \$ _____)	\$ _____
<input type="checkbox"/> Taxi/Limo	\$ _____	<input type="checkbox"/> Conference Hotel	\$ _____
<input type="checkbox"/> Rental Car	\$ _____	<input type="checkbox"/> Hotel Tax	\$ _____
Personal Mileage <input type="checkbox"/> MI@ <input type="checkbox"/> Rate	\$ _____	<input type="checkbox"/> Meals (Per Diem Rate \$ _____)	\$ _____
<input type="checkbox"/> Parking/Toll	\$ _____	<input type="checkbox"/> Registration	\$ _____
<input type="checkbox"/> Other (specify)	\$ _____	<b>TOTAL COST</b>	\$ _____

Account	Sub-Code	Amount	Auth. Signature	Account	Sub-Code	Amount	Auth. Signature
_____	_____	\$ _____	_____	_____	_____	\$ _____	_____
		\$ _____				\$ _____	

Employee Signature: _____	Date: _____
Approved By: (Supervisor) _____	Date: _____
Approved By: (Supervisor) _____	Date: _____
Authorized By: (Agency Head) _____	Date: _____
Travel Office Approval/Data Entered By _____	Date: _____

## TRAVEL ADVANCE AGREEMENT

In consideration for receiving a Central Connecticut State University (CCSU) check or the direct deposit ACH (Automated Clearing House) which represents an advance against travel expenses, I agree that these are State of Connecticut funds and understand that I am personally responsible for them whether my employment continues or is terminated by the State of Connecticut of the funds are lost or stolen. I agree to notify the CCSU Police and the CCSU Director of Business Services immediately should a loss, theft, or disappearance or funds occur.

**Within fifteen [15] business days** of my return, I will submit a completed **Request for Reimbursement of Expenses (CO-17XP)**, with required documentation, to the Travel Office. I understand that if I do not adhere to these required time frames for paperwork completion or repayment, I may be denied future advances for travel expenses, or the *repayment of my travel advance may be deducted from my paycheck*. Any failure on my part to file the required forms or repay any advance amount by the due date will subject me to reasonable costs of collection including, but not limited to attorney fees and court costs if required to enforced this agreement.

If the travel advance was **MORE THAN** the total expenditure, I will return the excess to the Travel Office within fifteen [15] business days of my return. The travel advance receivables account will be credited appropriately by the Travel Office.

If the travel advance was **LESS THEN** the total approve expenditure, the travel advance receivables account will be credited appropriately by the Travel Office and a check or direct deposit will be provided to me for the reimbursement due.

---

Signature

Date

### FOR TRAVEL OFFICE USE ONLY:

Voucher No: \_\_\_\_\_

Amount Received: \_\_\_\_\_