



Cal Poly Pomona
Foundation

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See Travel policy for pre-approval requirement.

NAME OF TRAVELER Last, First, M.I.		TRAVELERS XTN.	DEPARTMENT
HOME ADDRESS		ACCOUNT(S) TO BE CHARGED	
		Project Number	Object Code
STREET		For All Students (including Grants)	
		STUDENT (Mark X): <input type="checkbox"/> YES <input type="checkbox"/> NO	
CITY		Bronco ID #:	
		Grants #:	
STATE	ZIP		
DATE	FROM	DEPARTURE/RETURN	TO
TRANSPORTATION MODE			
PURPOSE & DATES OF BUSINESS:			
<p>I certify that any vehicle I operate while on Cal Poly Pomona Foundation, Inc. business complies with minimum state requirements regarding insurance coverage, safety and mechanical condition, and that I am qualified to operate the same. I agree to submit my expense claim within thirty (30) business days after my return.</p>			
TRAVELER SIGNATURE:	DATE:	AUTHORIZED SIGNATURE:	DATE:
<p>University Employee MUST use Concur for all business travel</p>		<p>Student Traveler MUST Complete Release of Liability Form</p>	
<p>Enterprises Employee: this form must be pre-approved for all travel.</p>			

**** DUE WITHIN 30 WORKING DAYS UPON RETURN FROM TRIP ****

[illegible]

I hereby certify that the above is a true statement of the travel expenses incurred by me in accordance with Foundation Policy.
I certify that this expenditure benefits the educational mission of the CSU as defined by the respective statutes, Board of Trustee policy and campus policy, and that all items are for official business and include no personal expenses**.

CLAIMANT'S SIGNATURE	DATE	AUTHORIZED SIGNATURE	DATE
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