## TRAVEL AUTHORIZATION AND EXPENSE REPORT CAL POLY POMONA FOUNDATION, INC.

## SECTION I - TRIP EXPLANATION / PRE-APPROVAL

If the indicated # space is blank
Click here for Number Generator and
input number on the right indicated #
space



\*\* PRE-APPROVAL DUE BEFORE TRAVEL \*\*

See Trave	el polic	cy for pre-approval req	luirement.										B	UUIIUBUUUI	
NAME OF	TRA\	VELER Last, First, M.I.						TRAVELER	RS XTN.	DEPART	MENT				
HOME ADDRESS											ACCOUNT(S) TO BE CHARGED				
HOME ADDRESS											ACCOUNT(S) TO BE CHARGED				
											Project		Object Code		
STREET												For All Students	i (including	Grants)	
											STUD	ENT (Mark X):	YES _	NO	
											Brond	:o ID #:			
CITY						STATE			ZIP		Grant	s #:			
						-	DEPΔR	TURE/RE	TURN					TRANSPORTATION	
DATE		DEPARTURE/RETURN FROM									то			MODE	
		<u> </u>													
PURPOS	E & D/	ATES OF BUSINESS:													
		vehicle I operate while												e, safety and	
mechanic	al con	dition, and that I am qu	alified to op	erate the	same. I	agree to	submit	t my expe	nse claim withir	thirty (30	) busine	ess days after my retu	r <b>n</b> .		
TRAVELER	SIGNAT	URE:				DATE:			AUTHORIZED SIG	NATURE:			DATE:		
							155								
University Employee MUST use Concur for all					Student Travele			ler MUST Complete			Enterprises Emp	loyee: this	form must be		
		business travel							of Liability Form				pre-approved for all travel.		
		3.0					-					L 2   P   P			
~= ~==															
SECTI	ON I	I - TRAVEL EXPE				** DUE			RKING DAYS U						
(1) YEAR		(3)	*(4)	(5)	MEALS		(6)	*(7)		TRANS	SPORTAT	TION	*(8)	(9)	
` '					GRANTS							PERSONAL VEHICLE USE	1		
				\$17.00	\$18.00 ALL OT	\$34.00	\$5.00					MILEAGE CLAIM FOR RENTAL)			
				\$11.00	\$17.00	\$27.00	\$7.00	1		CAR FARE/	LIC.#		1		
		WHERE EXPENSES WERE		BREAK-	ψ17.00	Ψ27.00	ψ1.00	COST OF RENTAL	VEHICLE TYPE USED (PERSONAL OR	TRANSIT/ TOLLS/	Rate	\$	OTHER BUSINESS	TOTAL EXPENSES	
(2) DATE		INCURRED	LODGING	FAST	LUNCH	DINNER	TIPS	VEHICLE	RENTAL)	PARKING	MILES	AMOUNT	EXPENSE	(DAILY)	
ı															
				I							1 ]				
(10)		SUBTOTALS:													
Prepare												CLAIM	<b>TOTAL \$</b>		
(11) Rem	ıarks -	Explanation of Busin	iess expen	ses for It	em (8)									-	
			•		.,					(12) Less	PCard		\$	1	
									(13) Less Personal Expenses**			\$			
										· · · · · · · · · · · · · · · · · · ·					
										( <b>14</b> ) Amo	unt Due	e to Traveler	\$	i	
										, ,,		=:=:	Ψ		
l beretti	ortif	hat the above ! t-	ototom 1	of the a to-	ol ese =	000 in	rod I-	mo in	ordonas :::# =	oundet:	Delle				
		hat the above is a true										o policy and some	noliov and 1	hat all itams as-	
		expenditure benefits the			on or the	USU as c	eined	by the res	spective statute	s, Board o	ıruste	ee policy and campus	policy, and t	ınat alı items are	
		ess and include no per	sonal exper	ıses**.											
CLAIMANT'S	SIGNA	TURE		DATE		AUTHORIZ	ZED SIGI	NATURE					DATE		