

**TRAVEL PRIOR APPROVAL REQUEST  
FORM T1  
Request for Travel on SDSURF Business**

Travel ID:#  
SDSURF Use Only

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**Traveler's Information**

SDSU Red ID:	<input type="radio"/> Faculty/Staff <input type="radio"/> Student <input type="radio"/> Other
Traveler's Legal Name:	Is the traveler a resident alien or U.S. Citizen: <input type="radio"/> Yes <input type="radio"/> No
Address Line One:	If no, attach the <a href="#">Foreign National Information Form, W-8 &amp; other required forms.</a>
Address Line Two:	Does this request include additional travelers? <input type="radio"/> Yes <input type="radio"/> No
City, State, Zip Code:	If yes, attach a completed <a href="#">T-1 Additional Traveler Form</a>

Check box if SDSU's Form T2, Request for Absence from Campus, is attached.    **Trip Details**

Travel Begin Date:	Travel End Date:	Travel Destination*:
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Purpose of Travel (how travel relates to project work scope):

\*All individuals traveling to foreign countries on SDSURF business MUST report their travel plans to the SDSURF risk management staff in advance of the trip in order to be covered by the SDSURF's foreign travel liability insurance policy. SDSURF's risk management staff may be reached at 619-594-4139 or email at [riskmanagement@foundation.sdsu.edu](mailto:riskmanagement@foundation.sdsu.edu). All travelers must submit a [Foreign Travel Insurance Request Form](#) 30 days prior to departure, 45 days prior for travel to high risk areas. If foreign travel, confirm Foreign Travel Insurance Request Form has been submitted.     Yes

**Estimated Expenses**

	Travel to be charged to Fund # / Account Code	Total Estimated Costs	Method of Payment (check applicable column)				SDSU Research Foundation Use Only SDSURF Document Numbers
			PCARD	PO/Check Req	Travel Advance	Reimbursement after Travel	
Airfare (US Carrier, Coach/Economy Class)							
Lodging							
Registration							
Rental Vehicle							
Meals & Incidentals			NA	NA			
Other Expense							
Total Estimated Travel Costs \$			Name of PCard Holder, if app.:				
Requested Advance Amount \$			Last 4 Digits of PCard, if app.:				

CHECK ONE:     CHECK REQUEST: Mailed to payee's address above.

DIRECT DEPOSIT: Payee must have direct deposit established or complete the direct deposit authorization form and attach to this request

Note: Advances may be up to 80% of anticipated out of pocket costs    \*Note: Use separate Disbursement Request for additional travelers advances.

Attach breakdown of Advance amount

**Travel Advance Accounting Distribution Only**

EXPENSE TYPE	FUND	ORG	ACCOUNT	%	OR AMOUNT
<input type="checkbox"/> Travel Advance					

**Approval Signatures**

PCard Holder Signature, if applicable:	Date:
Fund Manager Approval:	Date:
SDSURF Approval:	Date:

SDSURF Staff Use Only:    SDSURF Travel Advance Inv. #	DE By:	Check Due Date:
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