

Name:

Empl ID:

Department:

Phone:

Departure/Return: From:

To:

Destination:

Purpose of Trip:

I am driving a private vehicle Vehicle License #:
I have on file in my department a properly completed 261 Authorization to Use Privately Owned Vehicles form

STATE FINANCIAL INFORMATION

Account	Fund	DeptID	Program	Class	Project/Grant	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Travel Advance Request: Amount: Date Needed:
State Expenses not to exceed:

PLEASE NOTE: Travel advances requested more than 30 days prior to departure require special justification. Please explain why this travel advance is being requested more than 30 days prior to departure.

CAL POLY CORPORATION FINANCIAL INFORMATION (All Other Org Key #'s)

Advance Request:	OrgKey	ObjCode	Amount	CPC Expenses not to exceed:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	OrgKey #: <input type="text"/>
Total Advance Request:			\$ -	Date Needed: <input type="text"/>

CAL POLY FOUNDATION FINANCIAL INFORMATION (Org Key #'s 60000 - 79999)

Advance Request:	OrgKey	ObjCode	Amount	CPF Expenses not to exceed:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	OrgKey #: <input type="text"/>
Total Advance Request:			\$ -	Date Needed: <input type="text"/>

Please read and sign below:

I certify that if I am driving a privately owned vehicle that I have liability insurance in force in at least the following amounts: \$15,000 for personal injury to, or death of, one person, \$30,000 for personal injury to two or more persons in one accident, \$5,000 for property damage. I further certify that my vehicle is adequate for the work performed, equipped with seat belts and in safe mechanical condition; that a current Privately-Owned Vehicle Insurance Certification Form STD 261 is on file with my supervisor, and that any accident that may occur while the vehicle is being operated on State business will be reported within 48 hours on Form STD 270.

I agree to submit my TRAVEL EXPENSE CLAIM for this trip no later than 10 days after my return and to repay the balance, if any, of unexpended travel money advanced. I understand and agree that any amount due may be deducted in full from funds payable to me by the State, including any salary warrant(s) issued to be by the State Controller. (NOTE: The State will not pay for expenses not incurred or related to trips not taken, such as non-refundable deposits/registration fees, airline ticket charge for trips that are canceled. The employee will be held personally responsible for such charges unless non-State funding can be identified.)

Traveler's Signature: _____ Date: _____

Approval Signature: _____ Date: _____