



Associated Students Incorporated

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO

Travel Approval Form

1. Name(s) of attendee (s): _____

2. Purpose of the trip (includes dates): _____

(Please attach flyer/announcement if applicable)

3. Account # : _____

4. Are there sufficient funds in the account to cover the costs? Yes _____ No _____

*(Travel will **not** be approved if there are insufficient funds to meet the cost of the travel)*

5. Break down of travel costs:

Hotel:		Airline Fares:	
Food:		Conference fees:	
Car Rental:		Private Auto Mileage:	
Other:		Total:	

Requestor: _____
Printed Name Signature of the Requestor Date

Approved: _____
Printed Name Signature of the Executive Officer Date

Approved: _____
Printed Name Signature of the Executive Director/Officer Date