



Pre-approval for Domestic Travel Greater than \$2,500 and All International Travel

For Domestic Travel Less than \$2,500

Colleges/schools: Review and approve within \$1,000 professional development funding. Additional funding over \$1,000 or other funding sources is the responsibility of the college, department, or traveler.

Process for Review and Pre-Approval by the Provost

Faculty, Staff, or Student requests are sent to the Department Chair. If the Department Chair approves it, they sign and forward it to the College/School Dean. If the College/School Dean approves it, they sign and route to Randy Aoki and Katha Brassfield for review. Once approved it is routed to the Provost for final approval.

For Domestic Travel greater than \$2,500.

For all International Travel. (International insurance is required)

U.S. State Department Travel Advisory Risk Level:

- a. [Check the Department of State Travel Website](#)
- b. State the risk level for each country to be visited: 1, 2, 3, or 4, and list the date the level was determined. *Note, travel to Level 4 countries will not be approved, and travel to Level 3 countries is strongly cautioned.* **Risk Level:**

Chancellor’s Office Risk Management Authority (CSU RMA) High Hazardous Counties List:

- c. Check the [CSU Risk Management website](#) for a list of High Hazard Countries:

Identify if any country to be visited is identified as a “High Hazard” (High Hazard requires both Provost and Presidential approval). Identify if any country to be visited is identified as “War Risk” (War Risk requires Provost, President, and Chancellor’s Office approval).

	N/A	High Hazard	War Risk	High Hazard & War Risk
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	Faculty	Staff	Student (include student’s ID)
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2. **Department Office:**

3. **Destination:**

4. **Dates:** **thru**

5. **Expense Breakdown** – Total will automatically generate if filled in.

Lodging:

Meals:

Flight:

Ground

Transportation:

Other:

Total:

***Total amount calculated on Expense Breakdown will need to be accounted for under Funding Source. Please note if any portion of the expense will be covered utilizing personal funds.**



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6. Funding Source: Provide exact Amount(s)/Account Name(s)/Chartfield(s):

a. Stateside: Amount Stateside Account Name Chartfield

b. Foundation: Amount Foundation Account Name Cost Center

c. Self-funded: Amount

7. Purpose (Include conference name and conference dates):

8. Plan for class(es) during the trip's duration (if applicable):

Department Chair Signature:

Date:

College/School Dean Signature:

Date:

Provost Signature:

Date:

Submitter Name:

Date:

ARO:

Budget Analyst: