

Central State University Authorized Approval
Employees with/without students
PART A – Request for Travel – RFT

The RFT is to be completed with all authorized signatures at least 14 days before intended travel.

- a. Requestor: _____ Date(s) of Intended travel: _____
- b. Department and/or Unit: _____ Date of Departure: _____ Return: _____
- c. Final Destination of this travel: _____
- d. Primary purpose for travel: _____
- e. Are there any interval destinations? Yes No
 If YES, please list each destination, length of time and purpose:

- f. Is the Requestor the only party traveling? Yes No
 If NO, please list others who are part of the travel:
 Staff _____ Faculty _____ Students _____ Others _____
 If others, please explain: _____
- Does this specific travel require lodging? Yes No
- g. Does the travel require contact with a state, regional or national political office or official? Yes No
- h. If YES, please list name(s): _____

ACCOUNTING DATA

Line Fund	ORGN	Sub-ORGN	Account Code	TOTAL
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

EXPENSE:	ESTIMATED COST:
MEALS (\$40 per day for faculty & staff; \$20 per day for students)	_____
GROUND TRANSPORTATION (\$.55 per mile)	_____
AIR TRAVEL	_____
PARKING	_____
CAR RENTAL	_____
REGISTRATION COST IF APPLICABLE	_____
HOTEL	_____
	ESTIMATED TOTAL: \$ _____

APPROVAL SIGNATURES REQUIRED. ONLY ELECTRONIC SIGNATURES ARE PERMITTED

 Signature of Requestor Date

 Dean, Unit Head or Immediate Supervisor Date

 Authorizing Vice President Date

If University Fleet Services are desired, please complete PART B of this form.
Once completed, print and submit to the Fleet Manager/Supervisor. Electronic signatures are not permitted.

PART B – Vehicle Use Authorization Request

To be completed by the Requestor

Select Type of vehicle: Van Car:

Requestor: _____ Office Ext. # _____ Cell: _____

License Number/State: _____

ACCOUNT DATA

(If different then the information provided in Part A, please complete the following):

Line Fund	ORGN	Sub-ORGN	Account Code	TOTAL
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

Estimated Total Mileage: _____

Location(s) where vehicle will be parked if an overnight or interval day trip:

List all intended drivers:

(1) _____ State/ License #: _____ Exp. Date _____

(2) _____ State/ License #: _____ Exp. Date _____

By signing this document, I understand and agree to the following:

The name(s) listed above is/are the only authorized driver(s) of the requested University vehicle; Use of this vehicle is for authorized University business only; the University vehicle will be returned to the designated area as communicated by the CSU Facility Department. Violation of any of the above may result in the denial of any future use of fleet services and or liability for damages associated with travel.

Requestor's Signature: _____ Date: _____

To be completed by Fleet Manager/Personnel

Validation of Driver's License and Expiration Date By: _____

University Vehicle # Assigned: _____

Vehicle Pick Up: Date: _____ Time: _____ Mileage Reading: _____

Vehicle Condition at pickup: no damage/clean Other (explain) _____

Fuel level: Full 3/4 1/2 1/4

Vehicle Return: Date: _____ Time: _____ Mileage Reading: _____

Vehicle Condition upon return: no damage/clean Other (explain) _____

Fuel level: Full 3/4 1/2 1/4

Requestor's Signature: _____ Date: _____