SAN FRANCISCO STATE UNIVERSITY

[redacted]

Instructions:

A. Complete this form and submit it to the appropriate administrator for approval prior to making reservations.
B. Upon making Connexxus reservation, enter the Trip Record Locator below in the space provided.
C. If no Travel Advance is being requested, attach the completed and approved form to the travel claim upon your return. Note that all travel claims must be submitted to Accounts Payable within 30 days of trip's end.

1. Traveler's name: Rabab Ibrahim Abdulhadi UIN #: [redacted] Email: ria55@sfsu.edu
2. Address: [redacted] Francisco, CA 94132
3. Purpose of Trip: Transnational American Studies conf and research tri Phone No: (415) 405-2668
4. Destination: Lebanon, Jordan, and Palestine Mode of Travel: air, ground, car rental
5. Conference start & end Date: 1/5-1/24/2014 Departure Date: 1/3/14 Return Date: 2/14/14
6. Subsistance: 21 Days @ $62.00 Per day Total $1,302.00
   Registration Fees: $150.00 Airfare: $2,998.98 Lodging: $1,530.00 Other's (specify): $1,223.88
7. Total estimated cost of trip (include direct billed airfare or vehicle): $7,214.86
8. Chartfields to be charged:

Fund	Dept	Program	Class	Project
NG001	3372			606802

9. I request authorization to travel as documented above.
   Signature of Traveler: [signature] Date: 8/11/13
10. I request a Travel Advance to be used for University business in the amount of $2000.00 (available only for international trip). I authorize the University to deduct this amount from my salary if I fail to submit a properly approved expense claim (or fail to return this amount to the University) within 30 days after the travel return date indicated above.
    Disposition of Travel Advance Check: MAIL X PICK UP
    Signature of Traveler: [signature] Date: 8/11/13
11. In approving this travel request, I certify that: 1) If a motor vehicle is used, the employee has completed a defensive driving class and has a current defensive driver card: and 2) if a private motor vehicle is used, the employee has a current Form Std. 261, Authorization To Use Privately Owned Vehicles on State Business, on file in the department.

Dept Chair Name: _____ Signature: _____ Date: __/__/__

Dean/Admin Name: Kenneth M. Monte Signature: [signature] Date: 9/5/13

ORSP Approver: _____ Signature: _____ Date: __/__/__

Connexxus Trip Record Locator: [redacted]

Additional Approvals for Foreign Travel

Risk Management: Michael Martin Signature: [signature] Date: 10/3/13

Vice President: _____ Signature: _____ Date: __/__/__

President: _____ Signature: _____ Date: __/__/__

Chancellor: _____ Signature: _____ Date: __/__/__

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