

**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: \_\_\_\_\_
- g. Does this specific travel require lodging?      Yes      No
- h. Does the travel require contact with a state, regional or national political office or official?      Yes      No  
 If YES, please list name(s): \_\_\_\_\_

**ACCOUNTING DATA**

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

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

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**APPROVAL SIGNATURES REQUIRED. ELECTRONIC SIGNATURES ARE NOT 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: \_\_\_\_\_