



### AFTER THE FACT APPROVAL OF TRAVEL REQUEST

THE UNIVERSITY ASSUMES NO FINANCIAL RESPONSIBILITY FOR EXPENDITURES INCURRED BY INDIVIDUALS WHO FAIL TO ADHERE TO POLICY.  
THIS REQUEST DOES NOT GUARANTEE REIMBURSEMENT.

**TRAVEL INFORMATION:**

TRAVELER'S NAME: \_\_\_\_\_ CSUN ID: \_\_\_\_\_ MAIL CODE: \_\_\_\_\_ TA REPORT NO. \_\_\_\_\_  
TRAVEL DELEGATE: \_\_\_\_\_ EXT: \_\_\_\_\_ DEPT NAME: \_\_\_\_\_  
DESTINATION: \_\_\_\_\_ CONFERENCE/AGENCY: \_\_\_\_\_  
TRAVEL ITINERARY: DEPARTURE DATE: \_\_\_\_\_ RETURN DATE: \_\_\_\_\_

**REASON:**

**CHECK AT LEAST ONE BOX:**

No approval prior to travel (Domestic & International)

- **Attach:** Printed and Approved [Approval of Travel form](#) (Travel Authorization was not created)

eTravel Authorization not fully approved prior to travel

- **Attach:** Printed eTravel Authorization with action history

Foreign Travel Insurance not obtained from Risk Management

No prior approval Hotel over \$333

Other: \_\_\_\_\_

**REQUIRED JUSTIFICATION:** Explain why a Travel Authorization was not completed/approved prior to travel and what steps will be taken in the future to insure adherence to policy:

*Traveler's Signature:* \_\_\_\_\_

Date: \_\_\_\_\_

*Chair/Supervisor Signature:* \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

*Financial Approver Signature:* \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

*Dean/Director Signature:* \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

*Provost/VP Signature:* \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**FOR VP/PROVOST USE ONLY:**

*Request Approved* \_\_\_\_\_

*Request Denied* \_\_\_\_\_