# ASSOCIATED STUDENTS
SAN FRANCISCO STATE UNIVERSITY

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POLICY STATEMENT # 104
REVISED 04/19/2017

## TRAVEL POLICY

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<td>LOST RECEIPT CERTIFICATION STATEMENT.</td>
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<td>CERTIFICATION TO PROCESS TRAVEL CLAIM.</td>
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BACKGROUND AND PURPOSE

The purpose of this policy is to provide guidelines for in-state and out-of-state travel by the Associated Students (AS) Board of Directors (BOD), management, staff, students and authorized non-BOD and non-staff. It explains the procedures and responsibilities as it relates to travel on official AS business. The Travel Policy is designed to maintain uniform accountability for travel planning, coordination and approval; lodging; per diem rates; ground transportation and airline travel; claim submission and reimbursement; and travel cancelsations. This policy also establishes definitions, types of approved AS business related travel, delineates those expenses that are eligible for reimbursement, and specifies any financial limits applicable to such expenses; and procedures for granting approval for travel exceptions.

POLICY STATEMENT

All travel by Board of Directors and staff must be consistent with the purpose of Associated Students as described in the AS Articles of Incorporation. All travel funds shall be utilized for official AS business purposes only, shall be cost effective and in accordance with the best use of AS funds, and shall be consistent with the program’s travel budget.

All AS board members, management, staff, students, and non-staff authorized to travel on official AS business are to adhere to this Travel Policy. The guidelines on travel expenses and allowances set forth in this policy shall adhere to Internal Revenue Service (IRS) regulations related to travel.

APPLICABILITY TO THE POLICY

The travel policy applies to all AS board members, management, staff, students, and authorized non-BOD and authorized non-student staff as it relates to their participation at AS business related training conferences, seminars, professional association sponsored conferences, and other AS business related meetings in which travel may be required. When determining whether travel is appropriate, the approving authority must evaluate the importance of the travel in terms of the costs that will be incurred, the derived benefits of attendance, and the availability of funds in the program’s travel budget.

The scope of who is covered by the policy may be expanded. In addition to AS board members, management, staff, students, and authorized non-BOD and authorized non-student staff.

AMENDMENTS
The AS Board of Directors is responsible for reviewing the Travel Policy as needed. The policy may be amended as needed by a 2/3 vote. Policy Maintenance: The AS Business Administration and Finance Department assumes responsibility for maintaining the Travel Policy in order to provide a better organizational fit.

### DEFINITIONS

<table>
<thead>
<tr>
<th>Terms</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approving Authority</td>
<td>The designated position(s) which has the authority to approve travel arrangements and expenses, and also the position(s) which has the authority to approve exceptions to the Travel Policy.</td>
</tr>
<tr>
<td>Authorized Non-BOD</td>
<td>Non-Board members approved by the Board of Directors to travel on behalf of and funded by Associated Students on business related to attending California State Student Association (CSSA) and United States Student Association (USSA).</td>
</tr>
<tr>
<td>Authorized Non-Staff Travelers</td>
<td>Non-Staff travelers must be approved by the AS Executive Director or designee for some special travel situations.</td>
</tr>
<tr>
<td>Auxiliary Business Services (ABS)</td>
<td>A unit of the University Corporation (UCorp at San Francisco State University) that maintains financial records for AS.</td>
</tr>
<tr>
<td>Board of Directors (BOD)</td>
<td>The student body of elected or appointed members who oversee and approve the activities of Associated Students at San Francisco State University.</td>
</tr>
<tr>
<td>California State Student Association (CSSA)</td>
<td>An unincorporated, income tax exempt association that includes membership of 23 California State University student body organizations.</td>
</tr>
<tr>
<td>Designated Travel Coordinator</td>
<td>The AS employee responsible for coordinating all travel arrangements for AS programs and departments in accordance with this AS Travel Policy.</td>
</tr>
<tr>
<td>Exceptions</td>
<td>Exceptions are travel related expenses that exceed the maximum rate specified in this policy or exceptions to travel related circumstances (e.g. emergencies). The exceptions are dependent on approval from the corresponding approving authority.</td>
</tr>
<tr>
<td>Lodging and Lodging Allowance</td>
<td>Lodging is defined as the room rate plus room tax and other resort fees (city tourism tax, state tourism tax) if applicable. Lodging Allowance is the maximum approved rate reimbursable for hotel or motel lodging and is set by the California State University (CSU) guidelines. The rates are subject to change.</td>
</tr>
<tr>
<td>Per Diem/Incidental Rates</td>
<td>This is the maximum approved rates for meals and incidentals for travelers. It includes maximum rates for breakfast, lunch, and dinner. The rates are subject to change by CSU. Board approval is not required to implement changes.</td>
</tr>
<tr>
<td>Release of Liability, Promise Not to Sue, Assumption of Risk and Agreement to Pay Claims Form</td>
<td>A waiver required only for any student staff, student board member, or authorized non-student staff to sign prior to traveling by air or ground transportation for any AS business related travel.</td>
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</table>
TRAVEL REGULATIONS

A. Approval of Travel

All official AS business for in-state and out-of-state travel must be authorized and pre-approved by the approving authority prior to the actual travel date. The traveler is to submit a proposal to their approving authority 30 calendar days before the travel date. The traveler should specify the importance of their attendance and attach any necessary supporting documentation such as estimated costs, departure and arrival times, and agenda or official announcement of the event. The traveler does not have authorization to make his/her own travel arrangements; this responsibility has been delegated to the designated travel coordinator in order to ensure all travel funds are utilized for official AS business purposes only, are cost effective, and are in accordance with the program’s travel budget. The traveler must have approval for proposed travel prior to contacting the designated travel coordinator. The designated travel coordinator will not make any travel arrangements until they have received confirmation that the travel has been authorized and approved by the approving authority. The traveller must have approval for travel a minimum of 21 days prior to the date of travel to ensure that the designated travel coordinator has sufficient time to make the necessary travel arrangements in a cost effective manner.

The approving authority is responsible for:

• Evaluating the importance of the travel to the conference or meeting in terms of the costs that will be incurred, the derived benefits of attendance, and the availability of funds in the program’s travel budget.

• Determining the legitimacy and appropriateness of the travel proposal submitted by the traveler.

• Reviewing and approving the proposed purpose of AS business related travel and ensuring the request is in compliance with any applicable sponsored project or grant requirements.

• Approving or denying travel proposals 21 days prior to travel date.

• Forwarding approved travel proposals to the designated travel coordinator 21 days prior to travel date. The designated travel coordinator should utilize the AS Travel Approval & Advance Request form to reflect all travel arrangements, pre-payments, and advance expenses.
• Verifying that the Travel Approval & Advance Request form is processed and approved 14 days prior to the trip.

• Validating that after the traveler returns from the trip, to the extent possible, that all receipts and expenses incurred and claimed by the traveler are reconciled within 30 calendar days after the trip. If the traveler fails to comply with this procedure, the traveler will not be eligible to receive approval on future travel until the delinquent travel claim has been properly completed and submitted. The designated travel coordinator will prepare the AS Travel Expense Claim form and verify that the appropriate supporting documentation is attached.

Travel is not approved during the month of June as a result of the Fiscal Year end closing, unless authorized by the AS Executive Director.

The following table illustrates the designated approving authority for travelers based on their position within AS:

<table>
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<tr>
<th>Traveler</th>
<th>Approving Authority</th>
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<tbody>
<tr>
<td>Board of Directors</td>
<td>AS President/ Executive Director</td>
</tr>
<tr>
<td>Executive Director</td>
<td>Associate Executive Director (Business Administration and Finance)</td>
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<td>Associate Executive Director</td>
<td>Executive Director</td>
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<td>Assistant Executive Directors</td>
<td>Executive Director/ Associate Executive Director (BAF)</td>
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<tr>
<td>Program Directors</td>
<td>Associate Executive Director of Programs/ Associate Executive Director (BAF)</td>
</tr>
<tr>
<td>Staff</td>
<td>Program Director/ Department Manager</td>
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</table>

B. Travel Approval & Advance Request Form

A Travel Approval & Advance Request form is the document that must be completed for in-state or out-of-state travel related to Associated Students business, and must be officially approved by the appropriate authority. Prior to traveling on AS business and regardless of whether or not money is advanced, the Travel Approval and Advance Request form must be completed. The designated travel coordinator for AS must receive the approved travel proposal 21 days prior to travel date and will assist in the preparation and submission of this form.

This form must be completed and approved each time an employee, board member, authorized non-BOD, or authorized non-staff travels off-campus on official AS business. This Travel Approval & Advance Request form also summarizes the required travel arrangements with its corresponding pre-payments, as well as the funds advanced to the traveler prior to the off-campus travel. Once this form is complete with all appropriate authorizing signatures, it will be forwarded to the Auxiliary Business Services (ABS), where an advance check will be processed and made payable to the traveler prior to his/her departure. Approval is only extended to the items proposed in the Travel Approval & Advance Request form; if any changes are made to the travel plan (i.e. attending additional workshops, etc.) the traveller must resubmit the amendments for approval by the approving authority. No changes to the original travel plan will be implemented without additional approval by the approving authority. If the trip is cancelled or postponed indefinitely, the advance, if any, must be returned to AS immediately.

All advanced funds to the traveler must be reconciled within 30 calendar days upon return from travel, prior to issuing and processing a new Travel Approval & Advance Request form for any future travel.

Failure to complete the Travel Approval & Advance Request form prior to the travel date will be considered as “Unauthorized use of AS time” in accordance with the AS Corporate Personnel Manual. Under this circumstance and upon return of the traveler, no travel expenses shall be claimed. An exception certification or memo signed by the approving authority will be required in order to claim these travel expenses. This certification along with the itemized receipts should be attached to the Travel Expense Claim form and must be submitted within 30 calendar days of completion of the related travel.
Travel Planning and Coordination – Designated Travel Coordinator’s Role

The designated travel coordinator is responsible for coordinating travel arrangements for all AS programs and departments in accordance with this AS Travel Policy. This designated travel coordinator is responsible for making all travel arrangements on behalf of AS board members, staff, authorized non-BOD, and authorized non-staff who are authorized to travel by their approving authority. Upon obtaining authorization to move forward with fulfilling any travel arrangements by the traveler’s approving authority, the designated travel coordinator is also responsible for completing the Travel Approval and Advance Request form upon finalizing all travel arrangements prior to the trip. He or she will also be responsible for preparing the Travel Expense Claim form after completion of the trip.

The designated travel coordinator is responsible for making reservations for airline travel and ground transportation; reservations for hotel or motel lodging; coordination of requests for travel advances; and completion of all related travel forms prior to the trip.

The designated travel coordinator is also responsible for providing and obtaining all required forms including but not limited to:

a) **Release of Liability, Promise Not To Sue, Assumption of Risk and Agreement to Pay Claims Form.** Only student staff, board members, non-BOD, and non-student staff are required to sign the Release of Liability form or waiver prior to traveling by air or ground transportation for any official AS business. This form serves to obtain the traveler’s acknowledgement and statement agreeing to participate in AS travel activity at own risk, promise not to sue the CSU and affiliated organizations, and to be financially responsible for any incurred medical treatment costs.

b) **Memorandum of Understanding.** Authorized non-board member approved to travel to California State Student Association (CSSA) and United States Student Association (USSA) conferences must sign a Memorandum of Understanding and must adhere to all terms of the AS Travel Policy.

c) **Professional Development and Education Assistance Request.** This form is utilized when full-time staff request participation in off-campus seminars, workshops, or conferences as part of their educational development. This form must be signed, approved, and processed by Human Resources (HR) 21 days prior to the event.

The designated travel coordinator ensures that all travel arrangements are made and that all itemized (actual or estimated) expenses are reflected on the Travel Approval and Advance Request form. These expenses may include prepayments and advances paid through the corporate credit card or direct billing.

Prepayments and advances may include, but are not limited to, the following expenses:

- Registration for the conference
- Round-trip air travel
- Round-trip ground transportation
- Hotel lodging
- Per diem and incidentals up to the maximum allowances

1.0 **Registration**

Registration fees may be applicable for attendance at conferences, conventions, or meetings. Registration details may require the traveler’s dietary restrictions and topics of interest from the program. If applicable, registration must
be completed on time in order to take advantage of early bird rates, if applicable. Conference registration fees may be paid through the corporate credit card or direct billing.

2.0 Transportation Expenses

Transportation expenses consist of the charges for commercial airlines; commercial carrier fares; private car mileage allowances; overnight and day parking of privately owned or rented vehicles; bridge and road tolls, necessary taxi, bus, streetcar, rapid transit fares; and all other charges for transportation services necessary to accomplish the official business purpose of the trip. AS is not responsible for the reimbursement of traffic citations.

Travel by a group of employees in the same aircraft, automobile, or other mode of transportation is discouraged when the employees' responsibilities are such that an accident could seriously affect the functioning of the Auxiliary. Key employees, such as Executive Director, Associate Executive Director, and Assistant Executive Director, or a substantial number of employees from the same organizational unit or program, should consider this risk when making travel arrangements.

2.1 Commercial Airlines

Air travel arrangements shall be made at least 21 calendar days in advance to obtain the best available ticket price.

a) Economy Class

Economy class or any other discounted fare shall be used whenever ticketing restrictions are reasonable. This applies to all in-state and out-of-state travel. This will apply in the case of special travel situations.

b) Business or First Class

Use of business or first-class or other higher-cost services may be authorized and paid by AS under the circumstances listed below. Documentation of such circumstances must be provided on the Travel Approval and Advance Request form.

- Business or first-class is the only service offered between two points;
- The use of economy class would be more expensive or time consuming (e.g. when, because of scheduling difficulties, traveling by economy class would require unnecessary hotel expense, circuitous routing, or an unduly long layover when making connections);
- An itinerary involves overnight travel without an opportunity for normal rest before the commencement of working hours;
- When necessary to reasonably accommodate a disability or medical need of a traveler.

If a traveler prefers to upgrade to a higher class other than the economy class outside of the above circumstances, the traveler must pay the incremental cost of the airfare immediately or within 30 calendar days after the completion of the trip. The excess cost due to AS will be reflected on a Travel Expense Claim form upon return. In the case of cancellation or changes to the flight arrangements, the traveler remains responsible for paying the cost of the flight upgrade immediately following the cancellation or through payroll deduction.

c) Baggage Fees

If not included in the airfare, AS will pay the cost for one (1) checked bag when it is considered reasonable or necessary for the business purpose and length of the trip. The approving authority is responsible for determining if the fees are appropriate.
2.2 Ground Transportation

Ground transportation includes the use of a rented vehicle, privately-owned vehicle, shuttle service, taxi or ride-sharing services (Uber, Lyft), train, and bus. Travel arrangements for ground transportation shall be made at least 21 calendar days in advance by the designated travel coordinator.

Each staff member, board member, or non-board member traveling on AS business by vehicle is to meet driving eligibility standards in compliance with the Associated Students (AS) Travel Policy and with CSURMA AORMA (the insurance carrier for AS) Policy and Procedure no. L-4.

In order to meet these driving eligibility standards, each staff member, board member, and non-board member must complete and renew annually the following required forms to be authorized for the use of a rented vehicle or privately-owned vehicle. These forms will be available in the Business Administration & Finance (BAF) department when applicable, and will be kept confidential in the HR department.

a) Authorization to Use Rented Vehicle Form

A vehicle may be rented when renting would be more advantageous to AS than other means of commercial transportation such as using a taxi or using a privately-owned vehicle, as assessed by the designated travel coordinator. The rented vehicle will be booked directly with the AS authorized rental car agency. The traveler must complete the Authorization to Use Rented Vehicle form before the designated travel coordinator can arrange a reservation for a rented vehicle. This form is necessary to ensure that the following requirements are met:

• To ensure the driver possesses a valid California Driver’s License or the equivalent
• To ensure that any traveler renting a vehicle more often than once a week in any given month must complete a separate DMV Form (INF 1101) to serve as evidence that he or she has received no more than three violation points over a twelve-month period.

b) Authorization to Use Privately-Owned Vehicle

The traveler can be authorized to travel by using his or her own privately-owned vehicle when it is the most economical mode of transportation. The traveler must complete the Authorization to Use Privately-Owned Vehicle form before using his or her own vehicle. This form is necessary to ensure that the following requirements are met:

• To ensure the driver possesses a valid California Driver’s License or the equivalent
• To ensure the driver possesses his or her own proof of liability insurance coverage in case of an accident
• To ensure the driver claims full mileage reimbursement for the cost of operating the vehicle including fuel, maintenance, repairs and both liability and physical damage insurance

c) Mileage/Gas Reimbursement

The IRS sets the standard mileage rates that employers and taxpayers can use to calculate the deduction for operating an automobile for business activities. AS will follow these IRS guidelines and changes for mileage reimbursement rates. These mileage rate changes do not require the Board of Directors’ amendment approval. Effective January 1, 2017, the IRS standard mileage rate for business travel is:

• 53.5 cents per mile for business miles driven
• 17 cents per mile driven for moving purposes
Any amount claimed in excess of the current IRS mileage reimbursement rate will be reported as income and be subject to both Federal and OASD/Medicare withholdings. State tax withholding is not required. This rate is subject to change.

The mileage reimbursement rates in this policy include the cost of maintaining liability insurance at the minimum amount prescribed by law and collision insurance sufficient to cover the reasonable value of the vehicle, minus a standard deductible.

d) Other Forms of Transportation - Public Transportation, Shuttle Service, and Taxis

Public transportation (e.g., buses, subways, streetcars, taxis, ferries) may be utilized if it is the most economical and practical method of transportation to conduct official AS business. The approving authority is responsible for determining if the fees are appropriate. These transportation fares must be reasonable in relation to the costs of using a privately-owned vehicle such as mileage, parking, tolls, etc.

- Taxi and ride sharing service fare including tips shall be allowed when the use of public transportation or airport shuttle service is impractical or not available. If funds for taxi or ride sharing services are not advanced prior to the travel, the travelers are responsible for paying for the taxi and ride sharing service and for maintaining copies of all receipts to be included with their Travel Expense Claim form for reimbursement.
- Shuttle service reservation may be requested by the traveler when doing the travel planning.
- Bus and train reservations may be used if required by a business necessity, but may not exceed the projected cost of airfare.

3.0 Lodging

Lodging is defined as the room rate plus room tax and other resort fees (city tourism tax, state tourism tax) if applicable. Lodging Allowance is the maximum approved rate reimbursable for hotel or motel lodging and is set by the California State University (CSU) guidelines. These rates are subject to change.

No lodging allowance is authorized when total travel time is less than 24 hours.

Travelers may secure lodging when traveling on business more than 25 miles (one way) from their normal work location or home, depending on which is closer to travel destination. Lodging reservations shall be made at least 21 calendar days in advance to obtain the best available room rates. If applicable, reservations must be arranged in order to take advantage of early bird rates. Lodging expenses may be paid through the corporate credit card or direct billing.

Maximum Limits for the Costs of Lodging

The CSU maximum lodging rate for in-state and out-of-state travel, including Alaska, Hawaii, and US territories has increased from $195 to $275 per night, excluding taxes, effective for business travel occurring on or after February 1, 2016. This rate is subject to change. AS will follow the CSU guidelines and revisions for maximum lodging rates. Lodging rate changes for in-state and out-of-state travel do not require the Board of Directors’ amendment approval.

Considerations to secure lodging above the maximum rate will be and must be documented and approved by corresponding approving authority. Justification to this exception must include an explanation of the necessity to stay within certain facilities (e.g. near or adjacent to meetings or other activities for which travel was approved). Another possible justification is if the convention or conference organizer has arranged accommodations above the maximum rate of $275.00 per night.
4.0 Per Diem and Incidental Expense Allowances

Per diem is allowed when a traveler is more than 25 miles from AS or traveler’s residence, whichever is closer to travel destination. No per diem will be allowed if travel is less than 25 miles from AS or traveler’s residence regardless of if travel exceeds a 24-hour period of time. The per diem rate for a 24-hour period of time and further than 25 miles is $57.00. If travel is approved 21 days prior to the trip, per diem and incidental allowances may be advanced. Itemized claims up to $57.00 per day may be reimbursed except on the first day of travel.

Regardless of distance traveled, lunch and incidental allowance may not be claimed on the first day of travel.

For travel that exceeds a complete 24 hour period of time, the following is the standard meal and incidental allowance. These rates are subject to change. Maximum per diem and Incidental rates are authorized as follows:

<table>
<thead>
<tr>
<th>Meal</th>
<th>Allowance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast</td>
<td>$10.00</td>
</tr>
<tr>
<td>Lunch</td>
<td>$15.00 *</td>
</tr>
<tr>
<td>Dinner</td>
<td>$25.00</td>
</tr>
<tr>
<td>Incidentals</td>
<td>$ 7.00 *</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$57.00</strong></td>
</tr>
</tbody>
</table>

* Lunch and incidental allowance may not be claimed on the first day of travel.

For travel periods less than 24 hours, the reimbursement rates are the same, with the following restrictions:

- Breakfast may be claimed if travel begins before 7:00 a.m.
- Lunch and incidental allowance may not be claimed for trips less than 24 hours.
- Dinner may be claimed if travel extends past 6:00 p.m.
- Under no circumstances will expenses for lunch and incidental allowances be reimbursed for travel of less than 24 hours.

Business-related Meals

When it is necessary to conduct official AS business during a meal, the traveler may be reimbursed for the actual meal expenses up to the meal allowance authorized as indicated above.

In order to claim reimbursement for a business-related meal, the circumstances surrounding the meal must be beyond the control of the employee, and it must be impractical to complete the business during normal working hours. Receipts must verify the cost of the meal(s). Employees may not claim reimbursement for a business related meal if they are also claiming subsistence reimbursement.

5.0 Cancellations

If there are changes or cancellations to the travel arrangements, such as flight cancellations or delays, the traveler is encouraged to find alternative means of transportation when necessary. In such cases, traveler must inform the designated travel coordinator of these alternative arrangements upon return from travel. Justification for finding alternative means of transportation is subject to approval by the corresponding authorities before a reimbursement is issued to the traveler. Receipts or proof of alternative methods of transportation are required to file a claim for
reimbursement. The traveler is to obtain a confirmation of the cancellation, including receipts or proof of the following:

- Airline Tickets
- Hotel Reservations
- Registration fees, materials, etc.
- Gas
- Shuttle fees
- Car rental

C. Travel Expense Claim Form

The total amount of all expenses and advances pertaining to a particular trip must be accounted for when submitting a Travel Expenses Claim form. This form shall be used to account for travel in-state or out-of-state advances and expenses incurred in connection with official AS travel. All expenses that have been paid in advance to the traveler or any additional amounts due must be reconciled by using the Travel Expense Claim form after completion of the trip. It is the responsibility of the traveler to provide all required receipts and information to the designated travel coordinator upon completion of travel and within 30 business days. The designated travel coordinator is responsible for working with the traveler to complete the Travel Expense Claim form.

In order to complete the Travel Expense Claim form, the designated travel coordinator is to:

a) Contact the traveler to obtain all required receipts upon completion of travel;

b) Review all receipts thoroughly (verifying location, date, time, amount, etc.) and utilize only the receipts which are in accordance with the Travel Policy;

c) Calculate the actual travel cost and reconcile travel expenses to determine the amount due to or from the traveler, if a travel advance was issued. If the amount of an advanced paid out exceeds the amount claimed, the traveler has the option between two payment methods: 1) payment for the amount due can be paid at the AS accounting department (AS receipt shall be attached to the Travel Expense Claim form, or 2) authorize deduction of the amount due from the next payroll check. If the traveler is a Board of Director, the only option available is to pay the amount due directly to the Accounting Department;

d) Obtain the traveler’s signature certifying that the amounts claimed are a true statement of the expenses incurred while on official AS business and that the original of all required receipts has been submitted; and

e) Obtain the signatures of the corresponding approval authority such as the Program Director, and AED’s or designee to sign and approve the Travel Expense Claim form in accordance with the AS Travel Policy.

If the traveler does not provide the designated travel coordinator with the required information to complete the Travel Expense Claim form within 30 business days, then the traveler will be responsible for the following:

a) Repaying the full amount advanced immediately for travel expenses in the form of a cashier’s check, money order or personal check made payable to Associated Students, and delivered to the Accounting Department. If the traveler fails to repay full amount advanced, the full travel advance will be deducted from the traveler’s payroll check or stipend.
b) Not be eligible to receive an additional travel advance until the delinquent Travel Expense Claim has been properly completed and processed.

All outstanding travel claims not submitted prior to June 20\textsuperscript{th} of the Fiscal year closing will not be paid unless previous arrangements have been made with the Executive Director.

1.0 Receipts

Travelers must retain \textbf{all required} travel expense receipts and submit them to the designated travel coordinator immediately after travel is completed.

An itemized receipt:
- Demonstrates the cost (shows what was purchased)
- Provides proof of payment (shows how it was paid)
- Itemized receipts for all expenses in excess of $25.00 must be submitted with the Travel Expense Claim form
- An agenda, itemize receipt, or other supporting documentation for all registration fees

Electronic Receipts

Electronic receipts are acceptable provided that the detail contained in an electronic receipt is equivalent to the level of detail contained in an acceptable paper record.

For example, an electronic receipt must show:
- The name of the payee
- The amount of the charge
- The transaction date
- And the form of payment

\textbf{Receipts are required for the following expenses:}

- Pullman accommodations or extra fare travel on trains (On-hold for discussion further.)
- Taxi, Ride Sharing, and Shuttle fares
- Gas
- Business related WiFi and telephone charges, including long-distance charges. If the charges are more than $5.00, then please provide the date, place, and person contacted on the Travel Expense Claim.
- Registration Fees. If a receipt was not issued by the convention, conference or seminar, a bank statement or copy of the front and back of the claimant’s canceled check is an acceptable form of receipt.
- In-state and out-of-state lodging accommodations. If a receipt is lost, a duplicate copy must be obtained and provided with the Travel Expense Claim form.
- Parking fees over $5.00 for any one continuous period of parking
- Commercial automobile rentals, verifying payment of collision insurance, etc.

\textbf{Receipts are not required for the following travel expenses:}

- Meals and incidental allowances which do not exceed the approved rate
- Bus, BART, airport services, and railway fares, if the fares are available in published tariffs and travel is within the State of California
- Streetcar and ferry fares, and bridge tolls
- All legitimate travel expenses of a $1.00 or less
Missing Original Receipts

When submitting a Travel Expense Claim form, the traveler is required to attach the original, itemized receipt. When original receipts are required but cannot be obtained or have been lost and all measures to obtain a duplicate receipt have been exhausted, a statement should be provided explaining why such receipts are not submitted with the Travel Expense Claim. The statement must include a certification that the amount shown is the amount actually paid and that the traveler has not and will not seek reimbursement from any other source.

The corresponding approval authority must sign the statement for the expense. In the absence of a satisfactory explanation or appropriate approval, the amount involved will not be reimbursed.

The traveler must include a written statement as follows when submitting the Travel Expense Claim form:

“I certify that the original receipt for this transaction has been lost, misplaced, or that I was never issued a receipt. I further certify that I have not submitted, nor will submit in the future, either the original receipt or a duplicate for payment or reimbursement.”

Signature of Traveler:_____________________________________________________

Signature of the AED/Program Director or designee:________________________

SPECIAL TRAVEL SITUATIONS

1.0 Non-Board Member CSSA Travel and Appointments as Alternative Voting Designees

The following information sets to clarify Associated Students’ (AS) responsibilities in regards to travel arrangements for Non-Board members participating in events related to CSSA and USSA on behalf of Associated Students of SF States. It was approved and enacted by the Board of Directors as of October 5, 2016.

I. Application to Travel Policy

a. Non-Board members approved by the Board of Directors to travel on behalf of and funded by AS of San Francisco State University for business related to CSSA or USSA shall be subject to all terms of the AS Travel Policy.

II. Additional Stipulations

a. Each Non-Board member traveler must be a currently enrolled SF State student in good academic standing.

b. Each Non-Board member traveler must commit to reflect the conduct of a student representative and acknowledge and sign the AS Code of Conduct Policy and AS Conflict of Interest Policy and Form.

c. The Non-Board member representative must be approved by the Board prior to any travel.

d. The approved Non-Board member traveler must sign a waiver acknowledging potential risk and responsibility (See Attachment C.)

III. Non-Board Member Appointments as Alternative Voting Designees
a. In the case that a Non-Board member is appointed as an alternative voting designee for the Vice President of External Affairs or Primary voting party to either CSSA or USSA, a Memorandum of Understanding shall be in place between the Primary and Alternate voting designee that shall extend, in times of necessity, all expected responsibilities in relations to CSSA or USSA of the Vice President of External Affairs or Primary voting party to the Alternative Voting Designee in order for the Non-Board member appointment to be eligible for travel funded by AS.

2.0 Last Minute Travel Exceptions

In the event that an individual must travel on official AS business without proper notice, the traveller may submit any necessary documentation to complete a Travel Claim form upon their return from travel without having a Travel Approval and Advance form on file. All travellers must receive approval from their approving authority prior to travelling on behalf of AS, regardless of time constraints. Any requests for reimbursement are subject to approval by the approving authority; if reimbursement is seen unfit by the approving authority, the traveller will not be compensated for travel expenses. Additionally, the approving authority must submit the Certification to Process Travel Claim form to ensure that the last minute travel was approved and authorized (see Attachment H). These last minute travel exceptions are reserved for rare instances where there is not sufficient time to process a Travel Approval and Advance form. Travellers should always follow the proper travel procedure whenever possible to ensure that AS funds are being used in a cost effective manner. No traveller is exempt from the Travel Policy and all travellers must provide proof of travel and expenses in accordance with the AS Travel Policy.

3.0 Personal Travel Combined with AS Business Travel

Generally, there are three reasons for altering business-related travel for personal convenience:
- Utilizing a different method of transportation, and
- Extending travel for personal reasons, and
- Extending travel to attend non-AS sponsored events or conference

If an individual is travelling on behalf of AS and would like to combine AS travel with personal travel (extending stay, etc.), the traveller must have this extended time approved simultaneously with approval for AS business related travel. In the event that the extended travel will not change the projected return travel cost, AS will cover the traveller’s return travel following the procedure outlined within the AS Travel Policy. If the return cost exceeds the projected cost, the traveller is responsible for paying the difference immediately upon return utilizing the Travel Expense Claim form.

When non-AS sponsored travel is combined with AS travel, travellers must sign a waiver stating that AS is not liable for expenses or damages incurred during non-AS sponsored travel.

AS does not provide any travel accommodations for spouses or other family members travelling with AS staff.

<table>
<thead>
<tr>
<th>Form Name</th>
<th>Purpose</th>
<th>Coordinating Office</th>
<th>Levels of Approving Authority</th>
<th>Timeline for Submission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Travel Approval &amp; Advance Request</td>
<td>To obtain approval to travel on official AS</td>
<td>AS Business Administration Office</td>
<td>Program Director/Department Manager/Associate Executive</td>
<td>Submit at least twenty-one (21) calendar days prior to the proposed date</td>
</tr>
<tr>
<td><strong>Travel Expense Claim</strong></td>
<td>To determine the actual travel cost and reconcile expenses incurred and claimed by the traveler while engaged in official business travel.</td>
<td>AS Business Administration Office</td>
<td>Program Director/ Department Manager/ Associate Executive Director/ Executive Director</td>
<td>Submit form accompanied by the necessary receipts within thirty (30) calendar days upon return from travel</td>
</tr>
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<td>-------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Release of Liability</strong></td>
<td>To obtain traveler’s acknowledgemen t and statement agreeing to participate in AS travel at own risk, promise not to sue the CSU and affiliated organizations, and to accept financial responsibility for any medical treatment costs</td>
<td>AS Business Administration Office</td>
<td>Program Director/ Department Manager/ Associate Executive Director/ Executive Director</td>
<td>Submit at least twenty-one (21) calendar days prior to the proposed date of departure</td>
</tr>
<tr>
<td><strong>Professional Development &amp; Education Assistance Request</strong></td>
<td>To obtain specific information on the type of professional development that the traveler is attending (seminar, workshop, conference, etc.). This is only applicable for full-time employees.</td>
<td>Human Resources AS Business Administration Office</td>
<td>Program Director/ Department Manager/ Associate Executive Director/ Interim Executive Director/ and Associate Executive Director of Human Resources</td>
<td>Submit form accompanied by the necessary event-related material at least twenty-one (21) calendar days prior to proposed date of departure</td>
</tr>
<tr>
<td><strong>Authorization To Use Privately</strong></td>
<td>To request authorization to</td>
<td>AS Business Administration</td>
<td>Program Director/ Department</td>
<td>Submit completed form anytime prior</td>
</tr>
</tbody>
</table>

15
<table>
<thead>
<tr>
<th><strong>Owned Vehicle</strong></th>
<th>use a privately owned vehicle to conduct official AS business and to ensure the driver possesses a valid California Driver’s License or equivalent in order to satisfy driving eligibility standards.</th>
<th>Office and Human Resources (for confidentiality purposes)</th>
<th>Manager/ Associate Executive Director/ Interim Executive Director</th>
<th>to using personal vehicle and update information annually at or near the beginning of the fiscal year.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Authorization to Use Rented Vehicle</strong></td>
<td>To request authorization to use a rented vehicle to conduct official AS business and to ensure the driver possesses a valid California Driver’s License or equivalent in order to satisfy driving eligibility standards and DMV requirement.</td>
<td>AS Business Administration Office and Human Resources (for confidentiality purposes)</td>
<td>Program Director/ Department Manager/ Associate Executive Director/ Interim Executive Director</td>
<td>Submit completed form anytime prior to using rented vehicle and update information annually at or near the beginning of the fiscal year.</td>
</tr>
<tr>
<td><strong>Lost Receipt Certification Statement</strong></td>
<td>To obtain traveler’s certification of lost or misplaced receipts in order to process a Travel Expense Claim</td>
<td>AS Business Administration Office</td>
<td>Program Director/ Department Manager/ Associate Executive Director/ Interim Executive Director</td>
<td>Submit statement within thirty (30) calendar days upon return from travel</td>
</tr>
<tr>
<td><strong>Certification to process Travel Claim</strong></td>
<td>To obtain authorization to process Travel Claim form when Travel Advance &amp; Request form was not submitted prior to travel</td>
<td>AS Business Administration Office</td>
<td>Program Director/ Department Manager/ Associate Executive Director/ Interim Executive Director</td>
<td>Submit statement within thirty (30) calendar days upon return from travel</td>
</tr>
</tbody>
</table>
Attachment A. Travel Approval and Advance Request (p. 18)
Attachment B. Travel Expense Claim (p. 19)
Attachment C. Professional Development (p. 20-23)
Attachment D. Release of Liability, Promise Not to Sue, Assumption of Risk and Agreement to Pay (p. 24-26)
Attachment E. Authorization to Use Privately Owned Vehicles (p. 27)
Attachment F. Authorization to Use Rented Vehicles (p. 28)
Attachment G. Lost Receipt Certification Statement (p. 29)
Attachment H. Certification to Process Travel Claim (p. 30)
**Attachment A:**

### Associated Students, Inc.

**TRAVEL APPROVAL & ADVANCE REQUEST**

#### PROGRAM INFORMATION

<table>
<thead>
<tr>
<th>Program</th>
<th>Account No.</th>
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<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Program Authorization (print name)</th>
<th>Title</th>
<th>Signature</th>
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</table>

**Business Office**

Processed/Reviewed by: __________________________ Date: __________

#### TRAVEL INFORMATION

<table>
<thead>
<tr>
<th>Name of Traveler</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Destination</th>
<th>Purpose of Trip</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

#### COST ESTIMATE

**PREPAYMENTS**

<table>
<thead>
<tr>
<th>AIRFARE</th>
<th>PO #</th>
<th>Credit Card</th>
<th>Vendor</th>
</tr>
</thead>
<tbody>
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</table>

<table>
<thead>
<tr>
<th>RENTAL CAR</th>
<th>PO #</th>
<th>Credit Card</th>
<th>Vendor</th>
</tr>
</thead>
<tbody>
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</table>

<table>
<thead>
<tr>
<th>REGISTRATION</th>
<th>PO #</th>
<th>Credit Card</th>
<th>Vendor</th>
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<tbody>
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</table>

**TOTAL PREPAYS**

$__________

#### ADVANCES

<table>
<thead>
<tr>
<th>DAY</th>
<th>DATE</th>
<th>LODGING</th>
<th>PER DIEM</th>
<th>B L D I</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

| 1   |      |         |          |         |
| 2   |      |         |          |         |
| 3   |      |         |          |         |
| 4   |      |         |          |         |
| 5   |      |         |          |         |

**ADVANCE SUBTOTAL**

$_______ + $_______ = $________

Registration (if not prepaid) $________

Other (specify; shuttle, taxi, etc.) $________

**TOTAL ADVANCED TO TRAVELER**

$________

**TOTAL PAID OUT (advances + prepay)**

$________

#### TRAVELER STATEMENT

I recognize that I am fully responsible for the advance and must provide receipts for all expenditures over $1, except per diem. I am further liable for all other funds paid or encumbered on my behalf as well as any changes in spending that I incur. I recognize that these expenditures are allowable for business-related travel only. I hereby authorize the total amount to be deducted from my paycheck if I do not submit a properly approved Travel Expense Claim with receipts within 30 days of the ending date of the trip.

Signed: __________________________ Date: __________

#### AUTHORIZATION

Executive Director (or designee) __________________________ Date: __________

---

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### TRAVEL EXPENSE CLAIM

**Program Information**

<table>
<thead>
<tr>
<th>Name of Traveler</th>
<th>Date/Prepared by initials</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Travel Destination and Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Expense Information**

**A. Transportation**

- Airfare
- Rental Car
- Gas
- Private Car: \( \$0.405 \times \text{miles} = \) __________
- Other: Shuttle/Taxi __________
- Parking __________
- Toll __________

**Subtotals** __________

**B. Lodging & Per Diem**

<table>
<thead>
<tr>
<th>Day</th>
<th>Date</th>
<th>Lodging</th>
<th>Per Diem</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
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<td></td>
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<tr>
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<td>5</td>
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</tbody>
</table>

**Subtotals** __________

**C. Conference Fees**

- Registration __________
- Other __________ (specify below)

**Comments**

(explain unexpected/unusual expenses and justify variances to the Advance Form)

**Total C.** __________

**Total A.** __________

**Total B.** __________

**Total Claim (A+B+C).** __________

### Cost Reconciliation

- **Advanced to traveler:** __________
- **Total paid out:** __________

- Due from traveler: __________
  - (Amount paid out exceeds amount claimed)
  - Paid - ASI Receipt __________ or Deduct next paycheck __________ (pay date)

- Due to traveler: __________
  - (Amount claimed exceeds amount paid out)

#### Traveler Certification

I hereby certify that the above is a true statement of the travel expenses incurred by me in accordance with existing ASI Travel Policies and that all items shown were for official business of ASI.

**Signed:** __________

**Verified and approved:** __________

**Program Director:** __________

**Executive Director or designee:** __________
Dear __________________________

You are currently participating in an Associated Students affiliated program within San Francisco State University, which requires air and/or ground transportation.

Air and ground travel involves risks and could result in damage to property, injury to persons, and death. Please be informed that Associated Students assumes no liability for damage, injury, and death that may occur during air and/or ground travel required by the Associated Students affiliated programs. Your participation in the program is voluntary and you participate at your own risk.

Prior to undertaking an Associated Students affiliated air and/or ground travel, you will be required to sign a "Release of liability, promise not to sue, assumption of risk and agreement to pay claims" statement. Please review the statement carefully before signing it.

Sincerely,

Alejandro Rios
Business Manager
Associated Students
San Francisco State University

To be completed by the travel participant:

My signature below acknowledges that I have received, read and agreed to this advisory.

________________________________________  __________________________  _______
Participant’s Name (print)  Participant’s Signature  Date
RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK
AND AGREEMENT TO PAY CLAIMS

Activity:

Activity Date(s) and Time(s):

Activity Location(s):

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, I agree to release and hold harmless the State of California, the CSU, San Francisco State University, Associated Students, the campus affiliated with the program requiring air travel, and each and every officer, agent and employee of each of them, from any and all claims and causes of action that the student, or any person(s) claiming through the student, may have against any of the above institutions or persons, by reason of any accident, illness or injuries, death or other consequences resulting directly or indirectly from or in any manner arising out of, or in connection with the student being a passenger on a flight.

I release from all liability and promise not to sue the State of California, the Trustees of the California State University, San Francisco State University, Associated Students and their employees, officers, directors, volunteers and agents from any and all claims resulting in any physical or psychological injury (including paralysis and death), illness, damages, economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.

I also agree to hold all the above institutions or persons harmless from any and all claims, including attorney's fees or damage to my personal property that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If Associated Students incurs any of these types of expenses, I agree to reimburse Associated Students. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such
treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. I understand the legal consequences of signing this document, including (a) releasing Associated Students from all liability, (b) promising not to sue Associated Students, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.

I understand that this document is written to be as broad and inclusive as legally permitted by the state of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

_________________________
Participant’s Signature

_________________________  ____________
Participant’s Name (print)  Date

If Participant is under 18 years of age:

I am the parent or legal guardian of the Participant. I understand the legal consequences of signing this document, including (a) releasing and holding harmless the State of California, the CSU, San Francisco State University, Associated Students, the campus affiliated with the program requiring air travel, and each and every officer, agent and employee of each of them, from any and all claims and causes of action that the student, or any person(s) on my and the Participant’s behalf, may have against any of the above institutions or persons, by reason of any accident, illness or injuries, death or other consequences resulting directly or indirectly from or in any manner arising out of, or in connection with the student being a passenger on a flight, (b) promising not to sue the above institutions or persons on my and the Participant’s behalf, (c) and assuming all risks of the Participant’s participation in this Activity, including travel to, from and during the Activity. I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

I have read this document and attached schedule, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

_________________________
Last Updated: September 23, 2015
Signature of Minor Participant’s Parent/Guardian

Name of Minor Participant’s Parent/Guardian (print)                                      Date

Minor Participant’s Name
# PROFESSIONAL DEVELOPMENT REQUEST

## I. EMPLOYEE INFORMATION

Date: ____________________  Name: ____________________

Position: ____________________

Program/Department: ____________________  Supervisor Name: ____________________

## II. PROFESSIONAL DEVELOPMENT

*Please select one of the following and attach event related material (e.g. registration form, event descriptions):*

- [ ] Seminar  
- [ ] Workshop  
- [ ] Conference  
- [ ] Other: _______

Title of Event: ____________________

Date of Attendance: ______________ Location of Event: ____________________

Cost of Event: ______________  Cost of Estimated Travel: ______________

Please provide answers to the following questions. (Use additional sheets as needed).

1. What specific knowledge or skill will you learn?

2. How does the event/activity benefit your professional development?

3. How will the acquired knowledge or skill help improve your performance and/or prepare you for more advanced responsibilities?
Employee:

Signature ____________________________ Date ______________

III. Approval

Supervisor Signature ____________________________ Date ______________

Budget Signature ____________________________ Balance ____________________________

As of: Date ______________

HR Signature ____________________________ Date ______________
III. FEEDBACK

Feedback helps to ensure that learning from training/coaching investments are applied in the workplace. It is completed by an employee after the training/coaching process and will be reviewed by the employee and their manager at the year-end performance review.

The feedback is due within 30 days of the event/activity and is required for future consideration of Professional Development requests.

What are your three or four key takeaways from this learning opportunity?

How will you apply these on the job?

How will this be observed / measured by others?

Additional comments
Attachment E:

AUTHORIZATION TO USE
PRIVATELY OWNED VEHICLES
ON ASSOCIATED STUDENTS BUSINESS
This approval must be renewed annually

I. CERTIFICATION

In accordance with Associated Students (AS) Travel Policy and Procedure and with CSURMA AORMA (the insurance carrier for AS) Policy & Procedure no.3-L-4, approval is requested to use privately owned vehicles to conduct official AS business.

I hereby certify that whenever I drive a privately owned vehicle on AS business I will have a valid California driver’s license and proof of liability insurance coverage in my possession, and that all persons in the vehicle will wear safety belts¹.

I further certify that while using a privately owned vehicle on official AS business, all accidents will be reported within 48 hours. Should I get into an accident, I understand that the insurance policy covering the privately owned vehicle will respond to the accident – AS will NOT provide primary insurance coverage.

I understand that the mileage rate I claim is full reimbursement for the cost of operating the vehicle including fuel, maintenance, repairs and both liability and physical damage insurance.

I understand that the permission to drive a privately owned vehicle on AS business is a privilege that may be suspended or revoked at any time.

Should I need to rent a vehicle on AS business, I agree to obtain separate authorization.

<table>
<thead>
<tr>
<th>Driver's License Number</th>
<th>State¹</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee’s Full Name (Print)</td>
<td>Employee’s Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>

*If you possess a non-California Driver’s License the following information is required:

| Date of Birth | Out of State Address | City | State | Zip Code |

II. APPROVAL

BUSINESS ADMINISTRATION OFFICE USE ONLY

I have reviewed the above named employee’s California driver’s license and evidence of liability insurance coverage for all persons in the vehicle. These documents appear to be genuine and the information provided is correct and valid to the best of my knowledge.

| Approving Authority Signature | Title | Date Approved |

III. RENEWAL

I have reviewed the above certification and approval and certify that the information provided is correct and valid.

| Employee’s Signature | Approving Authority Signature | Date Approved |

¹ California State Law Vehicle requires drivers to hold a valid California driver’s license (section 12500), to carry in their vehicle evidence of liability insurance (section 16020) and all persons in the vehicle to be properly restrained by safety belts (section 27315).

Last Updated: March 2017
Attachment F:

AUTHORIZATION TO USE
RENTED VEHICLES
ON ASSOCIATED STUDENTS BUSINESS
This approval must be renewed annually

I. CERTIFICATION

In accordance with Associated Students (AS) Travel Policy and Procedure and with CSURMA AORMA (the insurance carrier for AS) Policy & Procedure no.L-4, approval is requested to use rented vehicles to conduct official AS business.

I certify that I am in possession of a valid driver’s license and operation of any vehicle on University business will be in compliance with applicable laws, policies, regulations and Driver Safety Program requirements.

I agree to immediately report any accidents to the car rental company immediately and to inform AS Business Administration and Finance Office within 48 hours.

I understand that the permission to drive a rented vehicle on AS business is a privilege that may be suspended or revoked at any time.

Should I need to use my personal vehicle on AS business, I agree to obtain separate authorization.

<table>
<thead>
<tr>
<th>Driver’s License Number</th>
<th>State*</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee’s Full Name (Print)</td>
<td>Employee’s Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>

☐ Board of Directors
☐ Professional Staff
☐ Student Assistant
☐ Volunteer
☐ Other (please specify)

Department Name
Supervisor Name

*If you possess a non-California Driver’s License the following information is required:

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Out of State Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

Have you or will you need to rent a vehicle more often than once a week in any given month of a twelve-month period?

☐ No  ☐ Yes

Name Initials
I authorize AS to enroll me in the California Department of Motor Vehicles Employee Full Notice Program (DMV Form INF 1101).

II. APPROVAL

BUSINESS ADMINISTRATION OFFICE USE ONLY

I certify that the above named employee is authorized to operate vehicles on AS business.

<table>
<thead>
<tr>
<th>Approving Authority Signature</th>
<th>Title</th>
<th>Date Approved</th>
</tr>
</thead>
</table>

III. RENEWAL

I have reviewed the above certification and approval and certify that the information provided is correct and valid.

<table>
<thead>
<tr>
<th>Employee’s Signature</th>
<th>Approving Authority Signature</th>
<th>Date Approved</th>
</tr>
</thead>
</table>

Last Updated: March 2017
Attachment G:

LOST RECEIPT
CERTIFICATION STATEMENT

This certification attests to the following:

1. Original receipt(s) are not available for this expense therefore the following has been submitted in place of the original receipt(s). Please check applicable statements below.
   - ☐ A duplicate receipt
   - ☐ Bank/Credit card statement

2. The expense is accurate and follows AS travel procedures.
3. No reimbursement of this expense has been or will be submitted

Amount: ___________

Description of Claim (destination, date):
________________________________________
________________________________________

I certify that the original receipt for this transaction has been lost, misplaced, or that I was never issued a receipt. I further certify that I have not submitted, nor will submit in the future, either the original receipt or a duplicate for payment or reimbursement.

Signature of Traveler: 
Date: ___________

Signature of Approving Authority: 
Date: ___________
CERTIFICATION TO PROCESS TRAVEL CLAIM

I hereby certify that _____________________________ had my authorization to travel to attend the event described below. Due to time constraints, the designated travel coordinator was not informed with sufficient time prior to the travel date to prepare the Travel Advance form.

Name of Event/ Training/ Conference:

Destination:

Date:

Please process the Travel Claim form for the reimbursement of _____________________________’s travel expenses incurred while conducting official business on behalf of Associated Students.

____________________________________________________
AED/ Program Director/ Designee Signature

__________________
Date
<table>
<thead>
<tr>
<th>Event Description</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Travel Policy and Procedure Was Revised and Approved by The Board of Directors On:</td>
<td>02/26/1988</td>
</tr>
<tr>
<td>Travel Policy and Procedure Was Amended and Approved by The Board of Directors On:</td>
<td>11/12/1990</td>
</tr>
<tr>
<td>Effective Date of the Travel Policies and Procedures Is:</td>
<td>11/12/1990</td>
</tr>
<tr>
<td>Travel Policy and Procedure Was Revised by the Rules Committee On:</td>
<td>11/08/1999</td>
</tr>
<tr>
<td>Travel Policy and Procedure Was Approved by The Board of Directors On:</td>
<td>11/18/1999</td>
</tr>
<tr>
<td>Travel Policy and Procedure Was Revised by The Board of Directors On:</td>
<td>02/01/2007</td>
</tr>
<tr>
<td>Addendum for Non-Board of Directors Travel Was Approved by Board of Directors On:</td>
<td>10/05/2016</td>
</tr>
<tr>
<td>Travel Policy Was Approved by The Board of Directors On:</td>
<td>04/19/2017</td>
</tr>
</tbody>
</table>