CALIFORNIA STATE UNIVERSITY, FRESNO
ASSOCIATED STUDENTS, INC.
CLUB TRAVEL ADVANCE FORM

NAME OF APPLICANT: _____ DATE: _____

ADDRESS: _____ DATE RETURNED: _____

CLUB NAME: _____ ACCOUNT NUMBER: _____

DESTINATION: _____

PURPOSE OF TRAVEL: _____

NAME OF PERSONS TRAVELING

1. _____ 3. _____ 5. _____

2. _____ 4. _____ 6. _____

DATE OF DEPARTURE: _____ TIME: _____ A.M. ☐ P.M. ☐

DATE OF RETURN: _____ TIME: _____ A.M. ☐ P.M. ☐

ESTIMATED COST OF TRIP

TRANSPORTATION: AIR - CARRIER NAME: _____ $ _____ -

PRIVATE VEHICLE - TOTAL MILEAGE: _____ @ $.72.5 CENTS PER MILE $ _____ -

RENTAL CAR - VENDOR NAME: _____ $ _____ -

ACCOMMODATIONS: HOTEL NAME: _____ $ _____ -

MEALS AND INCIDENTALS: *Actual receipts are required. Total meals cannot exceed $55 per day and incidentals cannot exceed $7 per day.*

NUMBER OF DAYS FOR MEALS: _____ @ $55 PER DAY MAXIMUM $ _____ -

NUMBER OF DAYS FOR INCIDENTALS: _____ @ $7 PER DAY MAXIMUM $ _____ -

OTHER COSTS: CONFERENCE FEE: _____ $ _____ -

PARKING: _____ $ _____ -

OTHER: _____ $ _____ -

TOTAL ESTIMATED COST: $ _____ -

ADVANCE REQUIRED?* YES ☐ NO ☐ ADVANCE AMOUNT REQUESTED: $ _____ -

IF ADVANCE REQUIRED, TRAVEL APPLICATION MUST BE SUBMITTED TO THE ASI BUSINESS OFFICE
 THIRTY (30) DAYS PRIOR TO DATE OF DEPARTURE

SIGNATURE OF APPLICANT: _____ DATE: _____

SIGNATURE & APPROVALS

ASI BUSINESS OFFICE: _____ DATE: _____

CLUB OFFICER:(Print)_____(Signature)_____ DATE: _____

ADVISOR:(Print)_____(Signature)_____ DATE: _____

ACCOUNTING OFFICE:_____ DATE: _____