Travel Information

The Mathematics and Science Teacher Initiative (MSTI) is offering a $200/semester Professional Development Scholarship to help defray registration and travel costs to one or more STEM-related event for any current Fresno State student who plans to teach math or science at any grade level.

A Travel Application (1 below) and Travel Expense Claim (2 below) are required for any travel related reimbursements. The two forms under number 3 below are required if you are driving. **You have 30 days from your last travel date to submit all required materials for travel reimbursement. A travel application is required for each travel event.**

1. **Travel Application:**
   A Travel Application is required for each event you decide to take part in and is to be submitted a minimum of two weeks prior to the event date.

   Provide only the following information:
   - **Basic Information:** Traveler’s Name, Home Address, Student ID number
   - **Travel Itinerary:** Destination, Purpose of Trip, Date(s): Departing Hour, Returning Hour, Estimated Travel Expenses
   - **Approving Signatures:** Please sign, date above “Applicant’s Signature” and return the form to Alyssia Aguilar (MSTI box) in ED 250 or via U.S. mail.

   **IMPORTANT:** Hotel stay CANNOT exceed $195/night. If two or more people are sharing a room, request a separate receipt for each person—your name on the receipt is required. Keep ALL NON-related expenses separate from all receipts that are to be turned in (i.e. alcoholic beverages).

2. **Travel Expense Claim:**
   A travel expense claim is required for each event and on this form; a signature is required by the student. As a convenience to the student, we can sign on your behalf. If you have no objection, then no action is required. If you prefer to sign it, then please email Alyssia Aguilar at alaguilar@csufresno.edu, to make an appointment.

3. **(a) Volunteer Application and Appointment Form and (b) Private Vehicle Authorization Form:**
   A Volunteer Application and a Private Vehicle form are needed ONLY if you plan to DRIVE your own or RENT a vehicle.

   Fill in only these items:
   - **Volunteer Application and Appointment Form:** Complete top and bottom half and sign on the bottom under “Signature of Volunteer”: “Effective Date and End Date” are the traveling dates; “Summary of Assignment” is where and what conference you will be attending.
   - **Private Vehicle Authorization Form:** Employee’s (which also means the “Student”) Signature, Print and Date, Insurance Information: Vehicle, and Driver Information.

   **IMPORTANT:** The two State-Authorized rental agencies are Enterprise*. Due to liability issues, employees and students traveling on University business are required to use the State-Authorized agency.

Submit the items above to Alyssia Aguilar either through:

**A. WALK-IN:**
Drop the materials off (in an envelope) in ED 250, and have the student worker place your materials in the MSTI mailbox (“Attention: Alyssia Aguilar c/o MSTI”)

**B. MAILING ADDRESS:**
Alyssia Aguilar c/o MSTI
Department of Curriculum and Instruction
5005 North Maple Avenue, M/S ED2
Fresno, CA 93740-8025

Please email Alyssia Aguilar at alaguilar@csufresno.edu with any questions.
Professional Development Scholarship
Conference Reflection Guidelines

The only requirement for receiving your travel reimbursement (other than the paperwork) is to email a 1-2 page reflection about your conference experience to Alyssia Aguilar (alaguilar@csufresno.edu) and cc’ Dr. Carol Fry Bohlin (carolb@csufresno.edu). The paper should include the following:

a) The conference name and dates/times you attended the conference,
b) The names of those who accompanied you to the conference,
c) Your top 3 sessions/experiences at the conference (and why they were special for you),
d) Your overall impression of the conference, and
e) How the experience enhanced your development as a professional educator.

Be sure to include your name, email address, and student ID number.
TRAVEL APPLICATION

Traveler's Name: ____________________________  Group Leader: ___ Yes  ___ No  Volunteer: ___ Yes  ___ No

Home Address: ____________________________________________________________

Student ID: ____________________________  Department:  Curriculum & Instruction

TRAVEL ITINERARY

Destination(S): __________________________________________________________________________

Purpose of Trip: __________________________________________________________________________

Date(s): Departing: ____________________________  Hour: ____________________________ 
Returning: ____________________________  Hour: ____________________________

ESTIMATED TRAVEL EXPENSES

___Train  ___State Car  ___Rental Vehicle  ___Plane (Direct Bill) ____________________________

Privately Owned Vehicle (Authorization form must be on file) ____________________________

Lodging ____________________________

Meals / Incidental (itemized and sales receipts required for meals) ____________________________

Registration ____________________________

Other: ____________________________

State contract rates have been used where available _____________ (applicant's initials)

If trip is to be reimbursed by other funds/agency, enter name of agency: ____________________________

TRAVEL EXPENSES

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<tr>
<th>Travel Claim Reimbursement</th>
<th>Account</th>
<th>Fund</th>
<th>Dept ID</th>
<th>Program</th>
<th>Class</th>
<th>Project</th>
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REQUEST FOR PAYMENT / REIMBURSEMENT

Payment Request: _____ (Attach Inv or Reg Form)  Reimbursement Request: _____ (Attach Receipt)

<table>
<thead>
<tr>
<th>Amount</th>
<th>Account</th>
<th>Fund</th>
<th>Dept ID</th>
<th>Program</th>
<th>Class</th>
<th>Project</th>
</tr>
</thead>
</table>

Payable to: ____________________________  Mail check by (date): ____________________________

Remit address: ____________________________  Payment Amount: ____________________________

ADVANCE - FOR GROUP / STUDENT TRAVEL ONLY

Advance requested in the amount of $________________ to be paid by (date)________________

APPROVING SIGNATURES

Applicant's Signature ____________________________  Date ____________
Applicant's Reports To ____________________________  Date ____________

Dean/Director (if applicable) ____________________________  Date ____________
Authorized Signature for Dept ID# ____________________________  Date ____________

Provost/VP (if applicable) ____________________________  Date ____________

Travel Expense Claims are due in the Accounting office no later than 30 days from the trip return date.
FRESNO STATE

VOLUNTEER APPLICATION AND APPOINTMENT FORM
CSU FRESNO DEPARTMENT OF HUMAN RESOURCES

Please print clearly, in pen. All fields must be filled out. Completed forms must be received in the Human Resources office 1 week prior to appointment to allow for processing. Incomplete or late forms will be returned to the department.

APPLICANT INFORMATION

Campus ID #: _____________________________________________

Full Name:

Last __________ First __________ M.I. __________

Address:

Street Address ___________________________________________
Apartment/Unit # _________________________________________

City __________ State __________ ZIP Code __________

Home Phone: ( ) __________________________ Email: __________________________

Emergency Contact: __________________________ Phone: ( ) __________________________

Are You Under the Age of 18? ☐ YES ❏ NO If "YES" Provide Birthdate: __________________________

DEPARTMENT INFORMATION

Department: __________________________

Effective Start Date: __________________________ End Date (NOT TO EXCEED 1 YEAR): __________________________

Supervisor: __________________________ Campus Phone: ( ) __________________________

Assignment Duties: __________________________

Will Volunteer be traveling on university business? ☐ YES ☐ NO

Will the Volunteer need to drive a vehicle on university business? ☐ YES ☐ NO

If one or more of following questions are marked “Yes” a background check will be required:

Will the volunteer be responsible for the care, safety, and security of people (including children and minors), animals, and CSU Property? Those persons who perform work involving regular or direct contact with minor children and those who are identified as mandated reporters or child abuse and neglect under Executive Order 1083 and California Penal Code §11165.7(a). ☐ YES ☐ NO

Will the volunteer have the authority to commit financial resources of the university through contracts greater than $10,000? ☐ YES ☐ NO
Will the volunteer have access to, or control over cash, checks, credit cards, and/or Credit Check credit card account information?  □YES  □NO

Will the volunteer be responsible or have access to or possession of building master or sub-master keys for building access?  □YES  □NO

Will the volunteer have access to controlled or hazardous substances?  □YES  □NO

Will the volunteer have access to and responsibility for detailed personally identifiable information about students, faculty, staff, or alumni that is protected, personal or sensitive?  □YES  □NO

Will the volunteer have control over campus business processes, either through functional roles or system security access?  □YES  □NO

Will the volunteer have responsibilities that require him/her to possess a license, degree, credential or other certification in order to perform the job?  □YES  □NO

Will the volunteer be responsible for operating commercial vehicles, machinery or equipment that could pose environmental hazards or cause injury, illness or death?  □YES  □NO

This is to acknowledge that I desire to volunteer my services, performing duties similar to those listed above and that services rendered by me will be at the direction of the above named supervisor.  I will not be compensated for these services.  I hereby authorize CSU Fresno to conduct a background check if applicable (for more information regarding the CSU background check policy please visit our website at www.csufresno.edu/hr).  Further, I understand that I serve at the pleasure of my supervisor and can be terminated from my volunteer position at any time.

Volunteer Signature: _____________________________  Date: ________________

Dept. Head or Dean Signature: _____________________________  Date: ________________
AUTHORIZATION TO USE PRIVATELY OWNED VEHICLES ON STATE BUSINESS CERTIFICATION

IN ACCORDANCE WITH STATE POLICY (S.A.M.0754) APPROVAL IS REQUESTED TO USE PRIVATELY OWNED VEHICLES TO CONDUCT OFFICIAL STATE BUSINESS. THIS AUTHORIZATION MUST BE RETURNED TO THE ACCOUNTING OFFICE, MS #58, PRIOR TO TRAVELING IN ORDER TO RECEIVE REIMBURSEMENT.

I hereby certify that I am a state employee, whenever I drive a privately owned vehicle on State business I will have a valid, current driver's license in my possession, an acceptable driving record, all persons in the vehicle will wear safety belts and the vehicle shall always be:

1. Covered by liability insurance for the minimum amount prescribed by State law. (15,000 for personal injury to, or death of one person; 30,000 for injury to, or death of, two or more persons in one accident; 5,000 property damage.)
2. Adequate for the work to be performed.
3. Equipped with and use of safety belts in operating condition.
4. To the best of my knowledge, in safe mechanical condition as required by law.
5. Have received a defensive driving certificate or obtained a defensive driving waiver. (See below for exception).

I further certify that while using a privately owned vehicle on official State business, all accidents will be reported on form STd. 270 within 48 hours (S.A.M. 2441). I understand that permission to drive a privately owned vehicle on State business is a privilege which may be suspended or revoked at any time.

______________________________
Employee's Signature

Curriculum & Instruction

Department            M.S. #            ED 2

______________________________
Print Name

______________________________
Supervisor's Approval

______________________________
Accounting Approval

CSU, Fresno 5/97

*complete below

Each person who plans to drive a privately-owned vehicle should be aware that the insurance maintained by the State is only applicable to that liability of the person which is over and above the liability insurance maintained by the person. If the privately-owned vehicle is used consistently on State business, the person should contact the insurance carrier who may change the premium class with a corresponding increase in premium rate. If a person has not notified the insurance carrier of the use of a private vehicle on State business and there is an accident, the insurance company must cover the accident unless deceit can be proven.

INSURANCE INFORMATION

<table>
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LIST OF CURRENT VEHICLES

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<th>LICENSE</th>
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DRIVER INFORMATION

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<tr>
<td>STATE</td>
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DEFENSIVE DRIVING STATUS:

I certify that individual will drive only once a month, therefore, item 5 does not apply. All other conditions (1-4) have been met.

______________________________
Supervisor's Approval

______________________________
Date
FAQs
for Math and Science Teacher Initiative (MSTI)’s Traveling Opportunities

General
1. **Do I need a Travel Application for each different conference that I attend?** Yes, you will need to complete a **NEW** travel application for every conference you plan to attend.
2. **Can I use my funds for the fall and spring semester for one claim?** Yes, as long as you’re a current Fresno State student and remain current in the following semester, you can combine both your Fall and Spring funds. (i.e. I am a student this Fall 2014 semester and will continue to be in Spring 2015. Therefore, I will have up to $400 in MSTI Travel funds.)
3. **I’m attending the pre-conference to the main event; do I include that in my travel application and claim?** Yes, your travel starts the moment you leave your house and ends when you arrive back home.
4. **I went over my $200 allowance, but that was because I paid for more shared traveling expenses than others in my party (i.e. rental car and gas). What will happen?** You will need to discuss with the members of your party and let us know from whom and how much they are willing to donate to your account so that your allowance isn’t the only one affected.

Driving and Vehicle
5. **If I take my own vehicle, do I get reimbursed for mileage or gas?** If you take your own vehicle, you will only be eligible for mileage reimbursement.
6. **How many miles can I claim per day if I decide to drive my own vehicle?** You can only claim up to 100 miles per day at $0.56 cents per mile.
7. **If I rent a car, do I get reimbursed for mileage or gas?** You will only be eligible for gas reimbursement.
8. **I want to rent a car, can I rent from anywhere?** No, you can ONLY rent from Enterprise or National.
9. **My group and I want to divvy up and rent a car together, can we each get reimbursed for our portion of the rental?** No, we cannot reimburse numerous parties for ONE car rental. Only ONE person in your party can rent the car and file the claim.
10. **Someone in my party rented the car and I paid for some of the gas, can I still get reimbursed?** No, only the person who rented the car can receive reimbursement for the gas.
11. **The conference I am attending is for 2 days but I got a 3-day weekend car rental special from Enterprise, can I still get reimbursed?** No, you can only get reimbursed for the duration of the conference. However, if the 3-day weekend special is less expensive than renting the car for 2-days, then yes, you can get reimbursed. (Keep in mind that your Travel Application will also need to include the start and end date of your car rental.)

Lodging
12. **What is the maximum dollar amount per night stay?** A hotel stay **CANNOT** exceed $195/night.
13. **Can we split the cost of a hotel stay if we decide to share a room?** Yes, but you will need to make sure the hotel is able to provide you with your own receipt/folio with your name on it when you check out to show proof of payment.

Meal
14. **What type of meal receipts are required if I’m ordering from a restaurant?** For meal reimbursement eligibility, you are required to submit both *itemized* and *sales* receipts.
15. **I lost my meal receipts, what do I do?** We will need the following: a justification from you stating the name of the place, what you ordered and that no alcohol was purchased, and a copy of your bank/credit card statement showing only the transaction/proof of payment.
16. **I left a tip at a restaurant; do I get reimbursed for that?** Yes, you can claim up to $7/day for incidentals starting the second day of your travel. You will need to include the amount on your sales receipt.
MSTI Travel Rules and Guidelines

Hotel:
1) Nightly rate cannot exceed $195/night.
2) Do not buy travel packages (car, hotel, etc.) on any travel-booking site as you will NOT be reimbursed for these purchases.
3) Folio/receipt is required for reimbursement. If you share a room and the payment, make sure the hotel can provide separate folios/receipts with each individual's name on it.

Car Rental
1) Must be 21 to rent.
2) You can only rent from Enterprise using corporate code: XZCA000, pin code: CAL for state rates.
3) Only rent from Enterprise airport location.
4) Only one person can rent the car and pay for the gas. Do not split the gas payments as only the person renting the car can be reimbursed for all aspects of the car rental.
5) No upgrades will be reimbursed.
6) You can only rent a standard size vehicle or lower class size.
7) If you are going with a group, so you may rent a larger vehicle but a justification needs to be submitted beforehand.

Mileage Reimbursement (by driving your own vehicle):
1) Mileage reimbursement can be claimed if you travel more than 25 miles and less than 100 miles.
2) Mileage reimbursement rate is $0.54 cents.

Meals:
1) No meals can be reimbursed if your travel time is less than 24 hours. Unless an overnight stay is required for the conference, then a justification will also be required.
2) Maximum of $50 can be claimed per day.
3) Itemized AND sales receipts are required for any meal purchases.
4) If the restaurant does not provide an itemized receipt, you will need to submit a written justification stating why and include the following: when, where, what was ordered and that no alcohol was purchased.
5) If you order room service from your hotel, please DO NOT forget to request for an itemized receipt from the hotel.