IRA Travel Authorization

This form must be completed for Individual or Group Travel and sent to Accounts Payable when reimbursement/payment is requested

Program Name: ____________________________

Number of Person(s)* Traveling: ____________________________

*Each individual traveling must sign a “RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS” form which is part of CSU Executive Order 1051

Destination and Purpose of Travel: ____________________________

Departure Date: _______ Time: _______ Return Date: _______ Time _______

Name of Person in Charge while Traveling (Group): ____________________________

Local Contact in case of emergency: ____________________________

Name Phone Number

Mode of Transportation: Plane _______ Bus _______ Car _______ Train _______

Personal Vehicle _______ Rental Car _______ Charter Bus _______

For Airline Travel: Ticket stubs (i.e. passenger receipts, itinerary/receipt printed by Travel Agency for ticket-less transactions) must be retained and submitted to Accounts Payable with the check request for reimbursement or for cash advance clearance.

Additional Information: ____________________________

I am authorizing the travel for this individual/group and have verified that each individual traveling has completed the RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS form

Submitted by ____________________________ Date ____________________________

Approved By ____________________________ Date ____________________________

Program Adviser Date

Dean or Designee Date
### PAYEE DATA RECORD

(Required when receiving payment from the State of California in lieu of IRS W-9)

STD. 204 (Rev. 6-2003) (SDSU REV 05/09)

#### INSTRUCTIONS:
Complete all information on this form, sign, date, and return to the State agency (department/office) address shown at the bottom of this page. Prompt return of this fully completed form will prevent delays when processing payments. Information provided in this form will be used by State agencies to prepare information returns (1099). See page 1 for more information and Privacy Statement.

**NOTE:** Governmental entities, federal, State, and local (including school districts), are not required to submit this form.

#### PAYEE'S LEGAL BUSINESS NAME (Type or Print)

#### SOLE PROPRIETOR - ENTER NAME AS SHOWN ON SSN (Last, First, M.I.)

#### E-MAIL ADDRESS

#### MAILING ADDRESS

#### BUSINESS ADDRESS

#### CITY, STATE, ZIP CODE

#### CITY, STATE, ZIP CODE

#### ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN):

- [ ] PARTNERSHIP
- [ ] CORPORATION:
  - [ ] MEDICAL (e.g., dentistry, psychotherapy, chiropractic, etc.)
  - [ ] LEGAL (e.g., attorney services)
  - [ ] EXEMPT (nonprofit)
  - [ ] ALL OTHERS

- [ ] INDIVIDUAL OR SOLE PROPRIETOR
- [ ] ENTER SOCIAL SECURITY NUMBER/INDIVIDUAL TAX IDENTIFICATION NUMBER (SSN required by authority of California Revenue and Tax Code Section 18646)

#### PAYEE ENTITY TYPE

CHECK ONE BOX ONLY

#### PAYEE RESIDENCY STATUS

- [ ] California resident - Qualified to do business in California or maintains a permanent place of business in California.
- [ ] California nonresident (see page 1) - Payments to nonresidents for services may be subject to State income tax withholding.
  - [ ] No services performed in California.
  - [ ] Copy of Franchise Tax Board waiver of State withholding attached.

**NOTE:**
If the individual is not a US Citizen or Permanent Resident Alien (Green Card Holder), the individual must complete the SDSU Foreign National Information Form to determine US tax residency. (http://bfa.sdsu.edu/ap/pdf/finif.pdf)

For Federal Tax Purposes (Please Check One):

- [ ] US Citizen or Permanent Resident Alien (Green Card Holder)
- [ ] Nonresident Alien (Not a US Citizen or a Permanent Resident Alien - see note)

#### I hereby certify under penalty of perjury that the information provided on this document is true and correct. Should my residency status change, I will promptly notify the State agency below.

#### AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)

#### TITLE

#### SIGNATURE

#### DATE

#### TELEPHONE

#### EMAIL

#### Fax

Please return completed form to:
San Diego State University
Accounts Payable Department
5500 Campanile Dr
San Diego, CA 92182-1611
Phone: (619) 594-0894   Fax: (619) 594-4917

Page 2 of 3
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 release from all liability and promise not to sue the State of California, the Trustees of The California State University, California State University, [campus name] and their employees, officers, directors, volunteers and agents (collectively "University") from any and all claims, including claims of the University's negligence, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or 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 agree to hold the University 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 the University incurs any of these types of expenses, I agree to reimburse the University. 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 the University from all liability, (b) promising not to sue the University, (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 Signature: ______________________________________

Participant 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 the University from all liability on my and the Participant's behalf, (b) promising not to sue 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 two-page document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

______________________________
Signature of Minor Participant’s Parent/Guardian

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

______________________________
Minor Participant’s Name
<table>
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<tr>
<th>Date</th>
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</table>

**Travelers Signature:**

**I HEREBY CERTIFY:** The information in support of the travel request is true and correct. It is the responsibility of the traveler to ensure that all travel procedures and regulations are followed. If the traveler fails to comply, the University reserves the right to deny any travel expenses.

<table>
<thead>
<tr>
<th>Amount Due</th>
<th>Amount Due</th>
<th>Amount Due</th>
<th>Amount Due</th>
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<tbody>
<tr>
<td>travel advance</td>
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**Total Advance**

**Travel Expenses**

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
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<tbody>
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<td></td>
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</table>

**Total**

**Name of Traveler**

**Account Number**

**Travel Expense Claim (TSC)**

**University of California, San Diego**

**AP USE ONLY:**

**Signature of Officer**

**Supporting Documentation:**

- Detailed description of expenses incurred.
- Receipts for each item.
- Approval by appropriate authority.

**AP: 262**
In accordance with State Policy (S.A.M. 0753 & 0754) approval is requested to use privately owned vehicles to conduct official State business.

I hereby certify that, whenever I drive a privately owned vehicle on State business, I will have a valid driver's license and proof of liability insurance in my possession, 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). Vehicle Code Section 16020 (effective July 1, 1985) requires all motorists to carry evidence of current automobile liability insurance in their vehicle.

2. Adequate for the work to be performed.

3. Equipped with safety belts in operating condition.

4. To the best of my knowledge, in safe mechanical condition as required by law.

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 comprehensive insurance.

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.
Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding

Section references are to the Internal Revenue Code. See separate instructions. Give this form to the withholding agent or payer. Do not send to the IRS.

Do not use this form for:
- A U.S. citizen or other U.S. person, including a resident alien individual
- A person claiming that income is effectively connected with the conduct of a trade or business in the United States
- A foreign partnership, a foreign simple trust, or a foreign grantor trust (see instructions for exceptions)
- A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession that received effectively connected income or that is claiming the applicability of section(s) 1152, 501(c), 892, 895, or 1443(b) (see instructions)

Note: These entities should use Form W-8BEN if they are claiming treaty benefits or are providing the form only to claim they are a foreign person exempt from backup withholding.
- A person acting as an intermediary

Note: See instructions for additional exceptions.

Part I Identification of Beneficial Owner (See instructions.)

1 Name of individual or organization that is the beneficial owner
2 Country of incorporation or organization

3 Type of beneficial owner:
   - Individual
   - Corporation
   - Disregarded entity
   - Partnership
   - Simple trust
   - Granter trust
   - Complex trust
   - Estate
   - Government
   - International organization
   - Central bank of issue
   - Tax-exempt organization
   - Private foundation

4 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address.
   City or town, state or province. Include postal code where appropriate.
   Country (do not abbreviate)

5 Mailing address (if different from above)
   City or town, state or province. Include postal code where appropriate.
   Country (do not abbreviate)

6 U.S. taxpayer identification number, if required (see instructions)
   SSN or ITIN
   BIN

7 Foreign tax identifying number, if any (optional)

8 Reference number(s) (see instructions)

Part II Claim of Tax Treaty Benefits (if applicable)

9 I certify that (check all that apply):
   a The beneficial owner is a resident of, within the meaning of the income tax treaty between the United States and that country.
   b If required, the U.S. taxpayer identification number is stated on line 6 (see instructions).
   c The beneficial owner is not an individual, derives the item (or items) of income for which the treaty benefits are claimed, and, if applicable, meets the requirements of the treaty provision dealing with limitation on benefits (see instructions).
   d The beneficial owner is not an individual, is claiming treaty benefits for dividends received from a foreign corporation or interest from a U.S. trade or business of a foreign corporation, and meets qualified resident status (see instructions).
   e The beneficial owner is related to the person obligated to pay the income within the meaning of section 280F(b) or 707(b), and will file Form 8833 if the amount subject to withholding received during a calendar year exceeds, in the aggregate, $500,000.

10 Special rates and conditions (if applicable—see instructions): The beneficial owner is claiming the provisions of Article of the treaty identified on line 9a above to claim a % rate of withholding on (specify type of income):

   Explain the reasons the beneficial owner meets the terms of the treaty article:

Part III Notional Principal Contracts

11 I have provided or will provide a statement that identifies those notional principal contracts from which the income is not effectively connected with the conduct of a trade or business in the United States. I agree to update this statement as required.

Part IV Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:
1 I am the beneficial owner (or am authorized to sign for the beneficial owner) of all the income to which this form relates.
2 The beneficial owner is not a U.S. person.
3 The income to which this form relates is (a) not effectively connected with the conduct of a trade or business in the United States, (b) effectively connected but is not subject to tax under an income tax treaty, or (c) the partner's share of the partnership's effectively connected income, and
4 For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner.

Sign Here

Signature of beneficial owner (or individual authorized to sign for beneficial owner)
Date (MM-DD-YYYY)
Capacity in which acting

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 25044Z Form W-8BEN (Rev. 2-2006)

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