EXHIBIT U-Web

UC Hastings College of the Law

APPROVAL OF TRAVEL PLANS AND REQUEST FOR TRAVEL ADVANCE

APPROVAL OF TRAVEL PLANS

To (Department Head): ____________________________________________

From: (Authorized Traveler*): _____________________________________ Student ID#: __________________

Traveler’s Address: _______________________________________________

<table>
<thead>
<tr>
<th>Number</th>
<th>Street</th>
<th>Apt #</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

Purpose of Trip: _________________________________________________

City and State Destination: _________________________________________

Inclusive Dates of Travel: _________________________________________

Funding for this trip is included in the Department’s current budget: _____Yes _____ No

Estimated Expenditures:

- Meals ………………... ___________________
- Transportation ……….  ___________________
- Lodging ……………… ___________________
- Other ………………… ___________________
- Registration Fees …….. ___________________

Total: $__________________

____Approved _____Disapproved ______________________________________

Department Head’s Signature Date

REQUEST FOR TRAVEL ADVANCE

Only authorized travelers may receive a travel advance. *An authorized traveler is defined as a current employee of the College on active pay status; a currently enrolled student; or an individual who maintains an active contract for services with the College. A copy of the executed contract must accompany the travel advance form before it will be processed.

Amount of Travel Advanced Requested: $ __________ Note: Cannot exceed the estimated cost of the trip as noted above.

In receiving this advance, I recognize it as a payable to Hastings College of the Law and agree to submit the necessary documentation to clear this advance within 30-days of completion of the trip. I understand that no additional advances will be issued to me until this advance is cleared. Further, I understand that if I do not have the appropriate supporting documentation to clear this advance, I will remit the amount of unsupported costs to the College within 30-days of the trip.

If I am a student traveler, I understand that if I do not submit the necessary documentation or remit payment to clear this advance within 30-days of completion of the trip a hold may be placed on my student records.

____Approved _____Disapproved __________________________ ______________

Traveler’s Signature Date

Department Head’s Signature Date

** Forward form to Fiscal Services for processing if travel advance is requested and approved.**

For Fiscal Services’ Use Only:

Check #: ___________________ Date: _______________ Clearing Account #: _______________

D:\Data\TEXT\SOP\FINANCIAL\EXHIBITS\u.doc April 2002