

Employee & Student Pre-Approval for Travel Form

Attach appropriate documentation with detailed information regarding the event/conference.

Name of Requestor:	Phone:	StarID (students only):
Event Name:	Location of Event:	Travel Dates:

		TRAVEL LIAISON USE ONLY			
ESTIMATED EXPENSES – Employee Use	Estimated Cost	P-Card	PO #	Date	Total
Registration					
Airline Transportation					
Baggage					
Auto Miles @ /mile					
Parking					
Lodging					
Meals					
Other (describe)					
Other (describe)					
TOTAL ESTIMATED EXPENSES					

Funded by:	Amount:	Cost Center:
<input type="checkbox"/> Department/Program Funds		
<input type="checkbox"/> Grant Funds		
<input type="checkbox"/> Faculty Professional Development Funds (attach to request)		
<input type="checkbox"/> Professional Development Initiative Funds (staff)		
<input type="checkbox"/> Student Club Funds (attach forms ST1 and ST2)		

Minnesota State employees and students traveling on state funds may not claim Frequent Flyer Miles. My signature below is acknowledgement of this policy.

Traveler's Signature: x	Date:	Dean/Supervisor's Signature: x	Date:
Advisor's Signature (Student Travel Only) x	Date:	College President's Signature (required for out of state travel): x	Date:

TRAVEL ARRANGEMENTS SHOULD BE MADE BY YOUR DESIGNATED TRAVEL LIAISON

Attach a Travel Information form if lodging or air transportation is needed.

For processing, return signed form to _____