TRAVEL AUTHORIZATION

Minot State University, North Dakota

This request is for travel (*please check one or both boxes below*):

[ ] **within North Dakota** [ ] **out of state**

This form is to be completed by all faculty and staff who will be away from campus and/or unable to meet work obligations. **All travel must be approved by the appropriate chair or supervisor before the absence takes place**. The approved authorization form must be on file in the Business Office for travel expenses to be reimbursed. See **www.minotstateu.edu/busoffice** for out-of-state per diem rates.

Name_____ **Title or Rank**_____

Date(s) of Travel/Absence_____ **Destination City(ies)**_____

Purpose of Travel (Provide title of meeting or conference; your participation or role, etc.) _____

_____

_____

Faculty: Identify the arrangements made for each class missed (by course, day, and assignment):

1. _____
2. _____
3. _____
4. _____

- -

Mode of Transportation Requested: [ ] MSU Motor Pool vehicle
[ ] "Motor Pool Request Form" submitted to Physical Plant Office
[ ] Personal vehicle
[ ] Other (list):_____

Estimated Costs:

	Reimbursement Requested	Amount Approved
Meals		
Lodging		
Transportation		
Miscellaneous		
Total		

Fund to be Charged	Fund No.	Amount
Appropriated Account		
Local Account		
Grant Account		

Approved by:

_____
Employee Requesting Travel Date Requested

_____
Chairperson or Supervisor Date: [ ] Approved or [ ] Denied

If other funds requested, additional approval required:_____
Funding source supervisor Date

Approved at Deans' Council, September 22, 2010