

# TRAVEL AUTHORIZATION AND EMERGENCY CONTACT FORM

**TRAVEL RELATED TO OUTSIDE WORK FOR PAY SHOULD NOT BE AUTHORIZED BY THE UNIVERSITY**

## SECTION A: TRAVEL AUTHORIZATION

This section must be completed prior to departure.

Name: \_\_\_\_\_  
(Last) (First) MSU NetID \_\_\_\_\_

Email: \_\_\_\_\_

Department: \_\_\_\_\_

Dept Addr: \_\_\_\_\_

Check One: US Citizen \_\_\_\_\_ Resident Alien \_\_\_\_\_ NonResident Alien \_\_\_\_\_  
Check One: Faculty/Staff \_\_\_\_\_ Graduate \_\_\_\_\_ Undergraduate \_\_\_\_\_ Other \_\_\_\_\_

Departure Date	Return Date	Destination(s) (City, State and Country required)

Reimbursement Limited to: \$ \_\_\_\_\_ Conference Fee Paid by ProCard: Yes \_\_\_\_\_  
Conference Fees Amount: \$ \_\_\_\_\_ Car Rental: Yes \_\_\_\_\_  
Airfare direct billing : Yes \_\_\_\_\_

Travel Reimbursed by: MSU Funds \_\_\_\_\_ Non-MSU Funds \_\_\_\_\_

## SECTION B: ESTIMATED TRIP COSTS

Airfare \_\_\_\_\_  
Lodging \_\_\_\_\_  
Ground Transport \_\_\_\_\_  
Meal Per Diems / M&IE \_\_\_\_\_  
Program Expenses \_\_\_\_\_  
Student Related Expenses \_\_\_\_\_  
Other \_\_\_\_\_

Total Estimate \_\_\_\_\_

Account Number(s) to be charged: \_\_\_\_\_

Purpose of Travel (Check all that apply and fill out description):

_____ Conference/Meeting	_____ Research
_____ International Programs	_____ Recruitment
_____ External Relations/Development	_____ Team
_____ Teaching/Outreach	_____ Other

Description: \_\_\_\_\_

Contracts & Grants Signature (Req'd for International) \_\_\_\_\_

## SECTION C: MOTOR POOL - CAR USAGE

This section is to be filled out when authorizing traveler to use a Motor Pool Vehicle. Primary Driver: \_\_\_\_\_

Name(s) of Additional Drivers:

1) _____	3) _____
2) _____	4) _____

## SECTION D: EMERGENCY CONTACT INFORMATION - (AS REQUIRED BY COLLEGES/MAJOR ADMINISTRATIVE UNITS (MAU))

**FOR INTERNATIONAL TRAVEL:** International travel data provided from this section should be keyed into the **Travelers Database** (excluding MSU study abroad) by personnel designated in each participating college/unit. Enter "N/A" for missing information.

**FOR DOMESTIC TRAVEL:** This section may be used for domestic travel. However, the information should not be entered into the **Travelers Database**.

1. Emergency Contact Information (spouse, etc.)

Name	Phone	Email
2nd Emergency Contact Information		

Name	Phone	Email
2. Supervising Faculty Member Information (Graduate/Undergraduate Students Only)		

2. Supervising Faculty Member Information (Graduate/Undergraduate Students Only)

Name	Phone	Email
3. Destination Information		

3. Destination Information

First Travel Location: _____	Second Travel Location: _____
Dates: _____	Dates: _____
Hotel/Host: _____	Hotel/Host: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Host/Colleague Email: _____	Host/Colleague Email: _____
Third Travel Location: _____	Fourth Travel Location: _____
Dates: _____	Dates: _____
Hotel/Host: _____	Hotel/Host: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Host/Colleague Email: _____	Host/Colleague Email: _____

Will the traveler be checking email while in travel status? Yes-regularly \_\_\_\_\_ Yes-periodically \_\_\_\_\_ Yes-infrequently \_\_\_\_\_ No \_\_\_\_\_

## SECTION E: AUTHORIZATION SIGNATURES

Travel Authorization: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Motor Pool Vehicle: <input type="checkbox"/> Yes <input type="checkbox"/> No	
_____ Dean (including Assoc. & Assist. Dean), Director, Chairperson, or Organization Level Budget Officer	
Print Name	Date
Department Contact: _____	
Email: _____	Phone #: _____