

## BSU/NTC Travel Request and Authorization Form

Employee Name _____	<b>Estimated Expenses</b>
Department _____	Transportation \$ _____
Campus Phone # _____ Box # _____	Lodging \$ _____
	Meals \$ _____
Account # _____ Amt. _____	Registration \$ _____
_____ Amt. _____	Other \$ _____
_____ Amt. _____	Total \$ _____

Location of Activity/Event: \_\_\_\_\_

Name of Activity/Event: \_\_\_\_\_

**Attach documentation** of the conference, meeting, or other activity, including the dates (e.g. conference web page, email confirming a presentation or performance, or a description of who you will be meeting with, and what activities you will be engaged in). **The Travel Request will not be approved without this information**

Departure Date: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Return Date: \_\_\_\_\_ Return Time: \_\_\_\_\_

Note: Advanced, written approval by an administrator with appropriate delegated authority is required for all out-of-state travel. Please submit your travel request at least a week in advance of your trip so the necessary signatures can be obtained. Funds disbursed by the College or University cannot be used for payment of expenses incurred during a portion of a trip that does not involve conducting College/University Business. (System Procedure 5.19.3) *Additional acknowledgement form needed for all international travel.*

Personal Car  BSU Vehicle  NTC Vehicle  Enterprise Rental Car  National Rental Car  Air

**BSU Vehicle Requested:** (Indicate how many of each)      **Number of Persons Traveling in Vehicle**  
 (including driver) \_\_\_\_\_

\_\_\_\_ Passenger Van (seats 12)    \_\_\_\_ Suburban (seats 8)    \_\_\_\_ Mini-Van (seats 7)    \_\_\_\_ Equipment Trailer

All Drivers must be listed      Employee/Student ID # \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List of students and other passengers must be attached

**Note:** All drivers must be approved annually to drive College/University vehicles. If approval is not obtained prior to the pick up date, the requestor will be prohibited from driving a College/University vehicle. Questions about approval, call 2859. System Procedure 5.19.3 states that “**personal guests, including spouses, are not allowed to travel in a state-owned, rented, or leased vehicle.**” For vehicles rented following airplane travel to another location, justification needs to be provided stating the reason a rental car was used instead of commercial transportation, such as a taxi, shuttle service, etc.

**Complete this section if your travel is during regular work days and requires modification of your work schedule.**  
 As per my collective bargaining agreement/compensation plan, I request a revision of my regular work schedule to travel as documented on this Travel Authorization form. The following arrangements are being made to cover my duties during my travel away from campus: \_\_\_\_\_

**Complete this section if non-employee/spouse/dependent/guest will accompany employee during travel.**

I am informing the College/University that a non-employee will accompany me for travel documented on this Travel Authorization form. I understand that I cannot seek reimbursement from the State of Minnesota for expenses incurred by those accompanying me. Non-employees planning to travel with me include: \_\_\_ family member(s) # \_\_\_; \_\_\_ volunteer(s) # \_\_\_; \_\_\_ community member(s) # \_\_\_; \_\_\_ other(s) # \_\_\_ A reminder that non-employee personal guests, including spouses who are not attending this function for a work related purpose, are not allowed to travel in a state-owned, rented or leased vehicle, including cars from a rental company.

**Complete this section if travel expenses will be paid or reimbursed to the employee by an outside organization (third party).**

Expenses for travel documented on page one of this Travel Authorization form will be (check one or both):

Paid directly by a third party.

Reimbursed to employee by a third party.

Name of third party responsible for the expense(s): \_\_\_\_\_

Entity is (check one): \_\_\_ For-Profit \_\_\_ Not-for-Profit \_\_\_ Other (explain): \_\_\_\_\_

List of expense(s) third party is responsible for (type of expense and dollar value): \_\_\_\_\_

I understand that I am not eligible for reimbursement beyond the limits established in the State of Minnesota travel policy or my collective bargaining agreement/compensation plan. I will not seek reimbursement from the State of Minnesota for any expenses either reimbursed by or directly paid by a third party.

**Please Note:** Employees traveling on College/University business may be offered travel benefits issued by lodging facilities or airlines. Benefits issued by lodging facilities may include a free night of lodging given after a specified number of days paid. Airline benefits may include cash payments, discount coupons, free tickets, and frequent flyer mileage either as compensation to passengers who have been delayed or as rewards for frequent trips with a specific airline. Employees must not accept these benefits for personal use, according to Minnesota Statutes 43A.38, subdivision 2. If you travel frequently on College/University business you may get frequent flyer or other accounts that are specifically used for College/University travel, and can be redeemed to reduce the cost of future College/University travel. When submitting expenses for reimbursement, employees must certify, (by signing the expense report) that they have not accepted personal travel benefits when they apply for travel reimbursement.

**Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

By signing this form, the employee understands that he or she "is responsible for complying with Minnesota State Colleges and Universities travel policy and procedures, the employee's respective bargaining agreement or compensation plan, state laws, federal laws, and IRS guidelines..." (Board Policy 5.19)

**Chair Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

By signing this form, the Chair indicates that sufficient funds are available in the designated account or accounts to cover the estimated cost of travel and that the travel outlined on this request is an appropriate use of IFO/College/University funds.

**Supervisor/Director/Dean** \_\_\_\_\_ **Date** \_\_\_\_\_

By signing this form, the Supervisor indicates, per System Procedure 5.19.3, that:  
"a. The travel is primarily for the benefit of Minnesota State Colleges and Universities and is related to the effective conduct of business, including the promotion of interstate cooperation;  
b. The cost of the travel and absence from work will be offset by benefits accruing to Minnesota State Colleges and Universities, including the professional advancement of an employee; and  
c. The travel relates to activities which do not have as their purpose the advancement of a political party, a political candidate, or a religious denomination."

**Vice President/Designee** (for all out-of-state travel) \_\_\_\_\_ **Date** \_\_\_\_\_

**President** (for all international travel) \_\_\_\_\_ **Date** \_\_\_\_\_

**Forward the completed and approved request to Deputy 202, Box 5 Travel Desk  
Original will stay on file at the Travel Desk. Questions? Call 755-2850**

*Print your name below to have a copy of the signed form returned to you*

Box# \_\_\_\_\_