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St. Cloud State University  
**TRAVEL AUTHORIZATION**

Minnesota State Colleges and Universities Board policy/procedure 5.19.3, requires written prior approval for all out-of-state travel. In-state travel requires verbal approval of immediate supervisor and, when necessary, a Work Revision Request. **\*\*See page 2.\*\*** Submit travel request to supervisor for approval at least 10 business days prior to departure date in order to be processed before travel. After receiving appropriate signatures, this form will be returned to Requestor and should be attached to employee expense reimbursement forms submitted to Business Services. Out-of-state and international travel expenses will not be reimbursed without written prior approval.

Name/Title of Requestor: \_\_\_\_\_ Date of Request: \_\_\_\_\_

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

Office Address to RETURN FORM: \_\_\_\_\_

(A copy of this form will also be sent to the Center for International Studies when international travel is planned.)

**Name(s) and Title(s) of Employee(s) making trip:**

*\*\*Complete section on page 2 if non-employee/spouse/dependent will accompany during travel.\*\**

**Full title of conference, workshop, seminar, meeting or other event:**

**Full title of event sponsor (please do not use acronyms or initials):**

**Location of event (title and address of host facility):**

**Date(s)/Time(s) of event:**

**Departure/Return Dates:**

*\*\*Academic administration and instructional faculty may also need to submit Work Revision Request on page 2.\*\**

**Mode of Travel:**     Air     Bus     Private Auto     Motor Pool Vehicle     Rail     Other

**Itemized Cost:**

*\*\*Complete section on page 2 if travel expenses will be paid directly or reimbursed to an employee by a third party.\*\**

- Fare (round trip)
- Lodging (#nights @/per night)
- Meals (#days @per day)
- Other (specify)

Total Estimated Cost:

*\* Request for Approval to Incur Special Expense form also required in advance for the following travel expenses: conference registration fees exceeding \$1,000 and meals exceeding maximum state allowance. See [www.stcloudstate.edu/businessservices/travel](http://www.stcloudstate.edu/businessservices/travel).\**

**Justification (explain why the University should pay these travel expenses):**

Requestor SIGNATURE: \_\_\_\_\_ Cost Center/Account#: \_\_\_\_\_

*Out-of-state travel requests require signature of supervisor and dean or appropriate vice president. International travel requires supervisor, dean, vice president/provost and president signatures. All required signatures must be obtained in advance of travel.*

Chair (acknowledge) or Supervisor (approve) SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

College/School Dean SIGNATURE (when required): \_\_\_\_\_ Date: \_\_\_\_\_

Vice President/Provost SIGNATURE (when required): \_\_\_\_\_ Date: \_\_\_\_\_

President SIGNATURE (when required): \_\_\_\_\_ Date: \_\_\_\_\_

**Work Revision Request (for academic administration and instructional faculty)**

*In-state travel requires verbal approval of immediate supervisor and, when necessary, a Work Revision Request;  
Out-of-state travel requires written prior approval and, when necessary, a Work Revision Request.*

*A Work Revision Request is necessary when academic duties and responsibilities need to be adjusted or covered by another employee during work-related travel away from campus, as determined by supervisor. Submit to supervisor for approval prior to departure.*

As per my collective bargaining agreement/compensation plan, I request a revision of my regular work schedule to travel as documented on page 1 of this Travel Authorization form. The following arrangements are being made to cover my duties during my travel away from campus:

Employee SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

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

*As per MnSCU Board Policy 5.19: A student, volunteer or other participant must receive written approval by the University president or designee prior to proposed international travel. Also outlined in the policy, an individual may accompany an employee during business travel **at the traveler's expense**. Note that personal guests, including spouses, are not allowed to travel in a state-owned, rented or leased vehicle.*

I am informing the University that a non-employee will accompany me for travel documented on page 1 of this Travel Authorization form. I understand that I cannot seek reimbursement from the State of Minnesota for expenses incurred by those accompanying me.

Name(s) of non-employee(s):

Employee SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

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

Expenses for travel documented on page 1 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 declare that I will not seek 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.

Employee SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_