

REQUEST FOR APPROVAL TO INCUR SPECIAL EXPENSES



720 Fourth Avenue South • St. Cloud, MN 56301-4498

Name of Requestor:		Title of Requestor:													
Phone:	Date of request:	Department:													
<p>Prior approval is required for all special expenses, expenses for which approval is requested (see Instructions on page 2).</p> <p>The following may be approved by the Department Chair/Supervisor or College Dean, and the Director of Business Services:</p> <table style="width:100%; border:none;"> <tr> <td><input type="checkbox"/> Meal(s) which exceed maximum state allowance.</td> <td><input type="checkbox"/> Conference and registration fee(s).</td> </tr> <tr> <td><input type="checkbox"/> Meal(s) within work area.</td> <td><input type="checkbox"/> Lodging within work area.</td> </tr> <tr> <td><input type="checkbox"/> Refreshments (coffee, tea, or soft drinks)</td> <td><input type="checkbox"/> Other special expenses (specify)</td> </tr> </table> <p>The following require approval of the Department Chair/Supervisor, College Dean, Provost /Vice President and the President:</p> <input type="checkbox"/> International travel				<input type="checkbox"/> Meal(s) which exceed maximum state allowance.	<input type="checkbox"/> Conference and registration fee(s).	<input type="checkbox"/> Meal(s) within work area.	<input type="checkbox"/> Lodging within work area.	<input type="checkbox"/> Refreshments (coffee, tea, or soft drinks)	<input type="checkbox"/> Other special expenses (specify)						
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<input type="checkbox"/> Meal(s) within work area.	<input type="checkbox"/> Lodging within work area.														
<input type="checkbox"/> Refreshments (coffee, tea, or soft drinks)	<input type="checkbox"/> Other special expenses (specify)														
Full title of the conference, workshop, seminar, meeting or other event:															
Full title of the event sponsor (do not use acronyms or initials):		Date(s) and time(s) of event:													
Event location (title and address of host facility):															
Individuals for whom special expense approval is requested (check all that apply):															
<input type="checkbox"/> Requestor only <input type="checkbox"/> Additional state employees. List names and titles:		<input type="checkbox"/> Other participants. List names, titles and organizations:													
<table style="width:100%; border:none;"> <thead> <tr> <th style="text-align:left;">Itemization/description of expenses</th> <th style="text-align:center;">Quantity</th> <th style="text-align:center;">Unit Cost</th> <th style="text-align:center;">Total</th> </tr> </thead> <tbody> <tr> <td colspan="4" style="height: 150px;"> </td> </tr> <tr> <td colspan="3"></td> <td style="text-align:right;">TOTAL REQUESTED: \$</td> </tr> </tbody> </table>				Itemization/description of expenses	Quantity	Unit Cost	Total								TOTAL REQUESTED: \$
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			TOTAL REQUESTED: \$												
Explain why the University should pay these expenses:															
Requestor's Signature: _____		Date: _____	Cost Center/ Acct # to bill:												
APPROVALS (All required signatures must be obtained in advance)															
<input type="checkbox"/> Approved for an amount not to exceed: \$ _____ <input type="checkbox"/> Not approved because: _____															
Department Chair/Supervisor signature: _____		Date: _____													
College Dean signature (when required): _____		Date: _____													
Provost/Vice President signature (when required): _____		Date: _____													
President signature (when required): _____		Date: _____													
Director of Business Services signature: _____		Date: _____													

Use this space to describe "Other" special expenses for which approval is requested:

INSTRUCTIONS

Please submit a single request for all employees of a department and/or Other Participants attending the same meeting, conference, seminar or other event. The request must contain sufficient detail to justify the expenditure of University funds. Attach additional sheets if you need more space to provide the information requested.

FIELD	INSTRUCTIONS
Date of request	Approval must be obtained in advance from all required signatories. If approval is requested after the fact because of an emergency situation, the request must include a written explanation of why prior approval could not be obtained.
Expenses for which approval is requested	<p>Employees who are not in travel status must request approval of meals and lodging as special expenses. Employees in travel status need not request special expense approval unless meals exceed maximums allowed by the appropriate contract/plan. Maximum reimbursement rates apply unless acceptable justification is provided for greater amounts.</p> <p>"Refreshments" consist of relatively inexpensive items such as beverages, cookies and rolls and are not intended to be the equivalent of a meal. Itemize the each type of refreshments separately.</p> <p>Registration/tuition fees are treated as special expenses but <u>prior</u> approval is required only if the cost per participant exceeds \$1,000.</p> <p>At the Director of Business Services discretion, additional signatures, such as the College Dean, may be required for any type of special expense.</p> <p>All requests for international travel require the additional signatures of the College Dean/Supervisor, Provost/Vice President and President.</p>
Individuals for whom special expense approval is requested	List names, titles and organizations of Other Participants who will be individually reimbursed. If a restaurant or vendor will be paid directly for their expenses, list just the name of each separate group and the total number of participants from that organization.
Description of Expense	Itemize each different type of expense separately. For meals, list breakfasts, lunches, dinners and refreshments separately.