

**REQUEST FOR APPROVAL TO
 INCUR SPECIAL EXPENSES**



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

1. Name and Title of Requestor	1a. Agency/Department Name
2. Phone	3. Date this form prepared

4. APPROVAL IS REQUESTED FOR THE FOLLOWING: ("X" all that apply):

<input type="checkbox"/> (a) Meal(s) which exceed maximum state allowance	<input type="checkbox"/> (d) Conference and registration fee(s)
<input type="checkbox"/> (b) Meal(s) within work area	<input type="checkbox"/> (e) Lodging within work area
<input type="checkbox"/> (c) Refreshments (coffee, tea, or soft drinks)	<input type="checkbox"/> (f) Other special expense (Specify)

5. FULL NAME OF CONFERENCE, MEETING, ORGANIZATION, ETC. (No Acronyms, Initials, etc.)	7. DATE(S) AND TIMES OF EVENT
6. LOCATION OF EVENT (NAME AND ADDRESS OF HOST FACILITY)	

8. DESCRIBE WHY THE STATE SHOULD PAY THESE EXPENSES:

9. ITEMIZATION OF COSTS:

DESCRIPTION	QUANTITY	\$ UNIT COST	\$ TOTAL

10. NAME OF SPONSOR OR MEETING, CONFERENCE, OR WORKSHOP	TOTAL REQUESTED FOR APPROVAL
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11. FOR WHOM IS APPROVAL OF SPECIAL EXPENSE BEING REQUESTED?

a. REQUESTOR ONLY ("X") STATE EMPLOYEES (List Names and Titles If Other Than Requestor)	b. OTHER PARTICIPANTS
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12. DEPARTMENT APPROVALS:	DATE
	APPROVED FOR AMOUNT NOT TO EXCEED \$ _____
	NOT APPROVED BECAUSE: