

STUDENT ORGANIZATION TRAVEL AUTHORIZATION

Note: Student organization advisers traveling with a student organization must complete the employee travel authorization form available online at <http://www.stcloudstate.edu/businessservices/travel/documents/TravelAuthorizationForm.pdf>. This form is only for students traveling for student organization purposes.

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 organization's adviser 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 the adviser and should be attached to expense reimbursement forms submitted to Business Services. Out-of-state and international travel expenses will not be reimbursed without written prior approval.

Name of Student Organization:

Date of Request:

Adviser:

Department:

Phone:

Return this form to adviser at (office address):

(After required signatures, a copy of this form will also be sent to the Center for International Studies when international travel is planned.)

Student organizations must not travel to countries for which a travel advisory has been issued by the U.S. Department of State.

See www.stcloudstate.edu/businessservices/travel.

Name(s) of Student(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.****

Estimated expenditure of University funds:

****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:

Justification (explain why you should be reimbursed for these travel expenses):

Adviser SIGNATURE: _____

Cost Center/Account#: _____

Out-of-state travel requests require signature of adviser.

International travel requires adviser, Department of Campus Involvement staff, Dean of Students, and President signatures. All required signatures must be obtained in advance of travel.

Department of Campus Involvement staff (when required):

SIGNATURE: _____

Date: _____

Dean of Students (when required):

SIGNATURE: _____

Date: _____

President (when required):

SIGNATURE: _____

Date: _____

Complete this section if non-student/spouse/dependent will accompany student 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 document 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.

Non-employees planning to travel with me include: ☐ family member(s) #____; ☐ volunteer(s) #____;
☐ student(s) #____; ☐ community member(s) #____; ☐ other(s) #____

Student SIGNATURE: _____ Date: _____

Complete this section if travel expenses will be paid directly or reimbursement to student 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. I will not seek reimbursement from the student organization or State of Minnesota for any expenses either reimbursed by or directly paid by a third party.

Student SIGNATURE: _____ Date: _____