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| **St. Cloud State**  **U N I V E R S I T Y** | **REQUEST FOR APPROVAL TO**  **INCUR SPECIAL EXPENSES** | **http://www.stcloudstate.edu/imagegallery/getImage.asp?imageID=432&type=web** |
| *A tradition of excellence and opportunity* | *720 Fourth Avenue South*  *St. Cloud, MN 56301-4498* | |

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| Name of Requestor: | | Title of Requestor: | | |
| Phone: | Date of request: | Department: | | |
| Prior approval is required for all special expenses, expenses for which approval is requested (see Instructions on page 2).  The following may be approved by the Department Chair/Supervisor or College Dean, and the Director of Business Services:  Meal(s) which exceed maximum state allowance.  Conference and registration fee(s).  Meal(s) within work area.  Lodging within work area.  Refreshments (coffee, tea, or soft drinks)  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): | | | | |
| Requestor only  Additional state employees. List names and titles: | | Other participants. List names, titles and organizations: | | |
| Itemization/description of expenses Quantity Unit Cost Total                                       **TOTAL REQUESTED: $** | | | | |
| Explain why the University should pay these expenses: | | | | |
| **Cost Center/**  **Requestor’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Acct # to bill:** | | | | |
| **APPROVALS (All required signatures must be obtained in advance)**  Approved for an amount not to exceed: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Not approved because: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Department Chair/Supervisor signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  College Dean 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.

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| **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 | 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.  “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.  Registration/tuition fees are treated as special expenses but prior approval is required only if the cost per participant exceeds $1,000.  At the Director of Business Services discretion, additional signatures, such as the College Dean, may be required for any type of special expense. |
| 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. |