BSU/NTC Travel Request and Authorization Form

Employee Name _____
Department _____
Campus Phone # _____ Box # _____
Cell Phone#(in case of emergency)_____
Account # _____ Amt. _____
_____ Amt. _____
_____ Amt. _____

Estimated Expenses
Transportation $_____
Lodging $_____
Meals $_____
Registration $_____
Other $_____
Total $_____

Location of Activity/Event:

_____

Name of Activity/Event:

_____

Attach documentation - details/specifics of the conference, meeting, or other activity, including the dates (e.g. conference web page, email confirming a presentation or performance, or a description of who you will be meeting with, and what activities you will be engaged in). **The Travel Request will not be approved without this information**

Departure Date: _____ Departure Time: _____

Return Date: _____ Return Time: _____

Note: Please submit your travel request at least a week in advance of your trip so the necessary signatures can be obtained. Funds disbursed by the College or University cannot be used for payment of expenses incurred during a portion of a trip that does not involve conducting College/University Business. (System Procedure 5.19.3) *Additional acknowledgment for needed for all international trips.*

Was a BSU/NTC vehicle requested, but not available **before** Rental was reserved? (check yes or no)

Yes ☐ No ☐ If no, please provide justification as to why a BSU vehicle was not requested

If using a Rental vehicle: Attach justification for use of a vehicle other than a compact/economy

Pre-paid fuel option is not authorized for any rental vehicles

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☐ Personal Car ☐ BSU Vehicle ☐ NTC Vehicle ☐ Enterprise Rental ☐ National Rental ☐ Air

BSU/NTC Vehicle Requested:

(Indicate how many of each)

Number of Persons Traveling in Vehicle
(including driver) 1_____

____ Passenger Van (seats 12) ____ Suburban (seats 8) ____ Mini-Van (seats 7) ___ Equipment Trailer

All Drivers must be listed

Employee/Student ID #

_____ _____
_____ _____
_____ _____

List of students and other passengers must be attached

Note: All drivers must be approved annually to drive College/University vehicles. If approval is not obtained prior to the pick up date, the requester will be prohibited from driving a College/University vehicle. System Procedure 5.19.3 states that **"personal guests, including spouses, are not allowed to travel in a state-owned, rented, or leased vehicle."** For vehicles rented following airplane travel to another location, justification needs to be provided stating the reason a rental car was used instead of commercial transportation, such as a taxi, shuttle service, etc.

Complete this section if your travel is during regular work days and requires modification of your work schedule.

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

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

I am informing the College/University that a non-employee will accompany me for travel documented on 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) #____; ____community members #____; ____other(s) #____ *A reminder that non-employee personal guests, including spouses who are not attending this function for a work related purpose, are not allowed to travel in a state-owned, rented or leased vehicle, including cars from a rental company.*

Complete this section if travel expenses will be paid or reimbursed to the employee by an outside organization

Expenses for travel documented on page one of this Travel Authorization form will be (check one or both):

☐ **Paid directly by 3rd party** ☐ **Reimbursed to employee by 3rd party**

Name of 3rd party responsible for expenses _____

Entity is (check one) ☐ **For-profit** ☐ **Not-for-profit** ☐ **Other (explain)**

List of expenses 3rd party is responsible for (type expense & dollar value):_____

I understand that I am not eligible for 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 3rd party

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Please Note: Employees traveling on College/University business may be offered travel benefits issued by lodging facilities or airlines. Benefits issued by lodging facilities may include a free night of lodging given after a specified number of days paid. Airline benefits may include cash payments, discount coupons, free tickets, and frequent flyer mileage either as compensation to passengers who have been delayed or as rewards for frequent trips with a specific airline. Employees must not accept these benefits for personal use, according to Minnesota Statutes 43A.38, subdivision 2. If you travel frequently on College/University business you may get frequent flyer or other accounts that are specifically used for College/University travel, and can be redeemed to reduce the cost of future College/University travel. When submitting expenses for reimbursement, employees must certify, (by signing the expense report) that they have not accepted personal travel benefits when they apply for travel reimbursement.

All signatures must be original

Employee Signature _____ Date _____

By signing this form, the employee understands that he or she "is responsible for complying with Minnesota State Colleges and Universities travel policy and procedures, the employee's respective bargaining agreement or compensation plan, state laws, federal laws, and IRS guidelines…." (Board Policy 5.19)

Chair Signature _____ Date _____

By signing this form, the Chair indicates that sufficient funds are available in the designated account or accounts to cover the estimated cost of travel and that the travel outlined on this request is an appropriate use of IFO/College/University funds.

Supervisor/Director/Dean _____ Date _____

By signing this form, the Supervisor indicates, per System Procedure 5.19.3, that:
"a. The travel is primarily for the benefit of Minnesota State Colleges and Universities and is related to the effective conduct of business, including the promotion of interstate cooperation;

b. The cost of the travel and absence from work will be offset by benefits accruing to Minnesota State Colleges and Universities, including the professional advancement of an employee; and
c. The travel relates to activities which do not have as their purpose the advancement of a political party, a political candidate, or a religious denomination."

Vice President/Designee (for all out-of-state travel) _____ Date_____

President (for all international travel) _____Date _____

Forward the completed and approved request to Deputy 202, Box 5 Travel Desk

Original will stay on file at the Travel Desk. Questions? Call 755-2850

Print your name below to have a digital copy emailed to you

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Revised 12.20.17

Student Roster, page 3, MUST be completed if students are traveling with staff/faculty.

BSU/NTC Student Travel Roster

List below all students participating in the trip. (Attach additional pages as necessary). All drivers must be listed on the first page of the travel request or noted below. Please type so that information is legible and accurate.

Student Name	Student ID#	Cell Phone	Emergency Contact Name & Phone