



A/P Assigned TR #

Account No. \_\_\_\_\_ Account Name \_\_\_\_\_ Date \_\_\_\_\_  
 Name of traveler \_\_\_\_\_ Ext. \_\_\_\_\_ Department \_\_\_\_\_ Ext. \_\_\_\_\_  
 Destination \_\_\_\_\_ Departing Date \_\_\_\_\_ Return Date \_\_\_\_\_  
 Reason for Travel (Please be specific) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**WILL EMPLOYEE BE ACTING IN A SCHOLARLY CAPACITY? YES \_\_\_\_\_ NO \_\_\_\_\_**  
**IF NO, THE STATE ETHICS COMMISSION'S REQUEST FOR APPROVAL FORM MUST BE ATTACHED.**

**ESTIMATED TRAVEL EXPENSES**

**(GSA or Conference Rate)**

Hotel	\$ _____	Per day for _____	days	\$ _____
Per Diem(GSA Rate)	\$ _____	Per day for _____	days	\$ _____
Transportation (air, train, bus)	\$ _____		Car rental, taxi, mileage	\$ _____
Registration	\$ _____		Misc	\$ _____
			<b>Total Estimated Costs</b>	\$ _____

**Approvals: Signatures certify that request meets with MSU travel and ethics regulations.**

Traveler	Print Name _____	Signature _____
Fiscal Agent	Print Name _____	Signature _____
Dean (foreign travel)	Print Name _____	Signature _____
V/P or Provost (foreign travel)	Print Name _____	Signature _____
Accounts Payable	Print Name _____	Signature _____

**Event brochure or copy of website showing purpose of event and applicable fees must be attached.  
If requesting pre-paid registration submit prepared check requisition along with this TR-1 form.**

**MUST SUBMIT THREE COPIES TO ACCOUNTS PAYABLE!**