



REQUEST FOR TRAVEL AUTHORIZATION

**A/P assigned TR#**

Account #1 \_\_\_\_\_ Account #2 \_\_\_\_\_ 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, AND TRAVEL IS NOT TO A STATE AGENCY, THE STATE EHTICS COMMISION'S REQUEST FOR APPROVAL FORM MUST BE ATTACHED.**

**ESTIMATED TRAVEL EXPENSES**

Hotel (GSA or Conference Rate)	\$ _____	Per day for _____	days		\$ _____
Per Diem (GSA rate)	\$ _____	Per day for _____	days		\$ _____
Car Rental	\$ _____	Per day for _____	days		\$ _____
Registration					\$ _____
Air, Train, Bus Transportation					\$ _____
Taxi, Mileage					\$ _____
Misc (Phone, Grat., Internet, Etc.)					\$ _____
				<b>Total Estimated Costs</b>	_____

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

Traveler	Print Name _____	Signature _____
Supervisor	Print Name _____	Signature _____
Fiscal Agent#1 (Amount Approved, \$ _____)	Print Name _____	Signature _____
Fiscal Agent#2 (Amount Approved, \$ _____)	Print Name _____	Signature _____
Dean (If applicable, foreign travel)	Print Name _____	Signature _____
V/P or Provost (if applicable, 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 OF THIS FORM TO ACCOUNTS PAYABLE!**