

A/P assigned

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 NOT, and travel was NOT to a STATE AGENCY, the State Ethics Commission'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, Tips, Internet, Etc.)					\$ _____
				Total Estimated Costs	_____

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 _____

An Event brochure or a copy of the website showing purpose of event and applicable fees must be attached.

If requesting Pre-paid registration, please submit a Quick Invoice along with this Travel Authorization Form.

Per University policy, all travel and expense reimbursement requests should be submitted within 15 days after return to work site. Effective 7/1/18, all travel and expense reimbursements submitted after 60 days of the earlier of either incurring or paying the expense will be included in the employee's gross wages and reported on the employee's W-2 in accordance with IRS regulations.