

Authorization for Travel

Submit to the Appointing Authority Designee at least 10 days prior to anticipated departure date.

Division:								Name(s) and Title(s) of Employee(s) Making Trip: **Complete the back of this form if travel expenses will be paid directly or reimbursed to an employee by a third party.**			
Name of Event:							Stry	y or reimbursed to an employee by a tillid party.			
Location of Event:											
Date(s) and Time(s) of Event:											
Date of Request:			eparture Date:		Return Date:						
Mode	of Travel:		Air	Щ	Private Automobile			_l Rail			
			Bus		Motor Pool Vehicle			Other			
Itemi	zed cost of trip	:				Justification for trip (explain in detail):why trip is in best interests of the statewhat reports and/or workshops will be generated as a result of the trip					
1. F	ARE (round tr	ip)									
2. L	ODGING							·			
Z. L	nights @	9									
per night											
3. N											
days @											
per day											
4. OTHER (specify)											
TOTAL ESTIMATED COST \$0.00											
RECOMMENDED BY:							PRO	ROVED IN THE AMOUNT OF			
		- •					. •				
Supervisor Date						\$					
·											
					_						
Accounting Manager Date						Age	ncy	cy Head Date			

Complete the following if travel expenses will be organization (third party):	e paid directly	or reimbursed to the employee by an outside							
Expenses will be (choose one or both): Paid directly by the third party. Reimbursed to the employee by the third p	arty.								
Name of the third party responsible for the expense(s): List the expense(s) the third party is responsible for:									
I declare that I will not seek reimbursement be collective bargaining agreement/compensation reimbursement from the State of Minnesota for party.	plan. I will not	accept personal travel benefits. I will not seek							
Employee Signature	Date								
Employee Signature	Date								
Employee Signature	Date								
Employee Signature	Date								
Employee Signature	Date								
Employee Signature	Date								