



# 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:			
Location of Event:			
Date(s) and Time(s) of Event:			
Date of Request:	Departure Date:	Return Date:	
Mode of Travel:	<input type="checkbox"/> Air	<input type="checkbox"/> Private Automobile	<input type="checkbox"/> Rail
	<input type="checkbox"/> Bus	<input type="checkbox"/> Motor Pool Vehicle	<input type="checkbox"/> Other
Itemized cost of trip:		Justification for trip (explain in detail): --why trip is in best interests of the state --what reports and/or workshops will be generated as a result of the trip	
1. <b>FARE</b> (round trip)			
2. <b>LODGING</b> nights @ per night			
3. <b>MEALS</b> days @ per day			
4. <b>OTHER</b> (specify)			
<b>TOTAL ESTIMATED COST</b>		<b>\$0.00</b>	
RECOMMENDED BY:		APPROVED IN THE AMOUNT OF	
_____ Supervisor	_____ Date	\$ _____	
_____ Accounting Manager	_____ Date	_____ Agency Head	
		_____ Date	

Complete the following if travel expenses will be paid directly or reimbursed to the employee by an outside organization (third party):

Expenses will be (choose one or both):

- Paid directly by the third party.
- Reimbursed to the employee by the third party.

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 beyond the limits established in the state's travel policy or my collective bargaining agreement/compensation plan. I will not accept personal travel benefits. I will not seek reimbursement from the State of Minnesota for any expenses either reimbursed by or directly paid by a third party.

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Employee Signature Date

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Employee Signature Date

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Employee Signature Date

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Employee Signature Date

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Employee Signature Date

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Employee Signature Date