

St. Cloud State University

STAFF (NON-FACULTY) TRAVEL AUTHORIZATION

Minnesota State Colleges and Universities Board policy/procedure 5.19.3, requires written prior approval for all out-of-state travel. In-state travel requires verbal approval of immediate supervisor and, when necessary, a Work Revision Request. ****See page 2.**** Submit travel request to supervisor for approval at least 10 business days prior to departure date in order to be processed before travel. After receiving appropriate signatures, this form will be returned to Requestor and should be attached to employee expense reimbursement forms submitted via Workday. Out-of-state and international travel expenses will not be reimbursed without written prior approval.

Name/Title of Requestor: _____ Date of Request: _____

Department: _____ Phone: _____

Return this form to Requestor at (office address): _____
(When applicable, a copy of this form with required signatures must be sent to the Center for International Studies when international travel is planned.)

As stated in MnSCU policy, *Employees must not travel to countries for which a travel advisory has been issued by the U.S. Department of State. See www.stcloudstate.edu/businessservices/travel.*

Name(s) and Title(s) of Employee(s) making trip:

****Complete section on page 2 if non-employee/spouse/dependent will accompany during travel.****

Full title of conference, workshop, seminar, meeting or other event:

Full title of event sponsor (please do not use acronyms or initials):

Location of event (title and address of host facility):

Date(s)/Time(s) of event (no longer accepting fiscal year authorizations):

Departure/Return Dates:

****Academic administration and instructional faculty may also need to submit Work Revision Request on page 2.****

Justification (explain why the University should pay these travel expenses):

In order for this Travel Authorization to be approved, you need to have an approved Spend Authorization in place via Workday.

Spend Authorization Number: _____

Spend Authorization Amount: \$ _____

Requestor SIGNATURE: _____ Cost Center/Program or Grant #: _____

Out-of-state travel requests require signature of supervisor and Dean or appropriate Vice President. International travel requires supervisor, Dean, Vice-President/Provost and President signatures. All required signatures must be obtained in advance of travel.

Supervisor (acknowledge): _____ Date: _____

Dean (approve) SIGNATURE: _____ Date: _____

Vice President SIGNATURE (when required): _____ Date: _____

President SIGNATURE (when required): _____ Date: _____

Work Revision Request (for academic administration and instructional faculty)

In-state travel requires verbal approval of immediate supervisor and, when necessary, a Work Revision Request; Out-of-state travel requires written prior approval and, when necessary, a Work Revision Request.

A Work Revision Request is necessary when academic duties and responsibilities need to be adjusted or covered by another employee during work-related travel away from campus, as determined by supervisor. Submit to supervisor for approval prior to departure.

As per my collective bargaining agreement/compensation plan, I request a revision of my regular work schedule to travel as documented on page 1 of this Travel Authorization form. The following arrangements are being made to cover my duties during my travel away from campus:

Employee SIGNATURE: _____ Date _____

Supervisor SIGNATURE: _____ Date: _____

Complete this section if non-employee/spouse/dependent will accompany employee during travel.

*As per MnSCU Board Policy 5.19: A student, volunteer or other participant must receive written approval by the University president or designee prior to proposed international travel. Also outlined in the policy, an individual may accompany an employee during business travel **at the traveler's expense**. Note that personal guests, including spouses, are not allowed to travel in a state-owned, rented or leased vehicle.*

I am informing the University that a non-employee will accompany me for travel documented on page 1 of this Travel Authorization form. I understand that I cannot seek reimbursement from the State of Minnesota for expenses incurred by those accompanying me.

Non-employees planning to travel with me include: family member(s) # _____ volunteer(s) # _____ student(s) # _____

Employee SIGNATURE: _____

Complete this section if travel expenses will be paid directly or reimbursed to employee by an outside organization (third party).

Expenses for travel documented on page 1 of the Travel Authorization form will be (check one or both):

- Paid directly by a third party
- Reimbursed to employee for the expenses

Name of third party responsible for the expense(s): _____

Entity is (check one): For-Profit Not-for-Profit Other (explain) _____

List of expense(s) third party is responsible for (type of expense and dollar value): _____

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

Employee SIGNATURE: _____