

Minneapolis Community & Technical College Out of State Travel/Special Expense Approval/Authorization

Name of employee(s) taking trip/requesting approval	Dates of travel/event	Cost Center #

Out of State/International Travel
Purpose of Travel: (attach copy of agenda if applicable). Explain why this trip is in the best interest of MCTC.

Destination:

Special Expense
If special expense request is for food and/or refreshments at a meeting, attach list of attendees/invitees and tentative agenda. Copy of final agenda and list of attendees must be submitted with invoice.
Approval is requested for the following ("x" all that apply):

	Meal which exceeds maximum allowed per bargaining agreement			
	Meal for individual within work area attending meeting or conference			
	Meal and/or refreshments (coffee, tea or soft drinks) for group at meeting or conference			
	Conference and registration fee in excess of \$1000			
	<table style="width: 100%; border: none;"> <tr> <td style="border: none;">Name of event and sponsor of event (attach copy of agenda):</td> <td style="border: none;">Location</td> <td style="border: none;">Date(s)</td> </tr> </table>	Name of event and sponsor of event (attach copy of agenda):	Location	Date(s)
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	International Travel			
	Other special expense (specify description, quantity, unit cost, total)			

Justification: Explain in detail why special expense is in best interest of MCTC.
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Itemized Estimate of Costs for Travel/Special Expense					
AIRFARE:	\$	X		=	\$
	Round trip per person		Number of people		
LODGING:	\$	X	X	=	\$
	Per night per person		# of nights	# of people	
MEALS:	\$	X	X	=	\$
			# of days	# of people	
REGISTRATION FEE:	\$	X		=	\$
	Per person		Number of people		
MEETING MEAL EXPENSE:	\$	X		=	\$
	Per person		Number of people		
Other (specify):	\$	X		=	\$
*TOTAL ESTIMATED COST					= \$

*** If amount is more than originally submitted and approved, please include a brief description explaining the increase. Increases of more than \$500 require approval by your Supervisor and your Vice President.**

Requestor/Traveler signature	Print Name	Date	Phone
APPROVAL/Dean/Supervisor signature	Print Name	Date	Phone
APPROVAL/President or Designee signature	Print Name	Date	Phone