**Out of State/International Travel**

**Name(s) of Employee(s) Taking Trip:** ________________________________________________________

**Purpose of Travel/Event (attach copy of agenda if applicable):**

**Destination:** ____________________________________________________________

**Mode of Travel:** Air Private Automobile Motor Pool Vehicle Other:____________________

**Dates of Travel:** _____________________________

**Contact person:** ____________________________________ Phone____________

**Date Prepared:** _____________________________

**Itemized Estimate of Costs**

<table>
<thead>
<tr>
<th>Description</th>
<th>Rate</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIRFARE:</td>
<td>$_____</td>
<td>$______</td>
</tr>
<tr>
<td>LODGING:</td>
<td>$_____</td>
<td>$______</td>
</tr>
<tr>
<td>MEALS:</td>
<td>$_____</td>
<td>$______</td>
</tr>
<tr>
<td>REGISTRATION:</td>
<td>$_____</td>
<td>$______</td>
</tr>
<tr>
<td>FEE:</td>
<td>$_____</td>
<td>$______</td>
</tr>
<tr>
<td>MEETING MEAL:</td>
<td>$_____</td>
<td>$______</td>
</tr>
<tr>
<td>EXPENSE:</td>
<td>$_____</td>
<td>$______</td>
</tr>
<tr>
<td>OTHER (specify):</td>
<td>$_____</td>
<td>$______</td>
</tr>
</tbody>
</table>

**Total Estimated Cost** = $________

**Cost Center #:** ___________  **Cost Center Title:** __________________________  **Amount $________**

**Cost Center #:** ___________  **Cost Center Title:** __________________________  **Amount $________**

**Justification:** Explain in detail why trip is in best interest of MnSCU.

________________________________________________________________________________________

________________________________________________________________________________________

Traveler Signature  Print Name  Date  Phone

Supervisor Signature  Date

NCTC President  Date

* Request for Permission to be Absent from Regular Duty must be completed.

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**Special Expense**

**Name(s) of Employee(s) Requesting Approval:** ________________________________________________________

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 $1,000

**Name of event and sponsor of event (attach copy of agenda):**

**Location of event:** ____________________________________  **Date(s) of event:** ______________

**Lodging within work area**

**International Travel**

**Other special expense (specify description, quantity, unit cost, total)**

**Justification:** Explain in detail why this special expense is in best interest of MnSCU.

________________________________________________________________________________________

________________________________________________________________________________________

Requester Signature  Date

Supervisor  Date

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* Attach copy to expense report or requisition for purchase.

**Revised 3/7/12**