



Minnesota
STATE COLLEGES
& UNIVERSITIES

REQUEST FOR APPROVAL OF TRAVEL EXPENSE REIMBURSEMENT BY AN OUTSIDE SOURCE

1. EMPLOYEE'S NAME: _____

2. DEPARTMENT / DIVISION / CAMPUS: _____

3. PURPOSE OF TRAVEL: _____

4. DATE(S) OF TRAVEL: _____

5. DESTINATION: _____

6. NONSTATE ENTITY PROPOSING TO PROVIDE TRAVEL / REIMBURSEMENT:

ENTITY NAME: _____

For-Profit: Not-for-Profit: Other (explain): _____

7. LIST ALL CONTRACTS AND THEIR DOLLAR AMOUNTS, AND THE NATURE OF THE RELATIONSHIP BETWEEN THE INSTITUTION OR DIVISION AND PROPOSED FUNDING SOURCE:

Contract	Dollar Amount	Relationship	Proposed Funding Source

8. TRAVEL EXPENSES TO BE PROVIDED / REIMBURSED:

Type of Expense	Dollar Value

Signed: _____ Date: _____
Employee making request

Approved: _____ Date: _____
Division

Approved: _____ Date: _____
Chancellor