

BSU/NTC Student Travel Request and Authorization Form

Student Name _____	Estimated Expenses
Phone # _____	Transportation \$ _____
Account # _____ Amt. _____	Lodging \$ _____
_____ Amt. _____	Meals \$ _____
_____ Amt. _____	Registration \$ _____
	Other \$ _____
	Total \$ _____

Location of Activity/Event: _____

Name of Activity/Event: _____

Club Name (if applicable): _____

Departure Date: _____ Departure Time: _____

Return Date: _____ Return Time: _____

Travel Request must be completed for travel outside of the Bemidji area. Approved travel request must be on file before travel can occur. Please submit your travel request at least a week in advance of your trip so the necessary signatures can be obtained. Funds dispersed by College or University cannot be used for payment of expenses incurred during portion of a trip that does not involve conducting College/University business. (System Procedure 5.19.3) *Additional acknowledgement form needed for all international travel.*

Personal Car BSU Vehicle NTC Vehicle Air

BSU Vehicle Requested: (Indicate how many of each) **Number of Persons Traveling in Vehicle**
 (including driver) _____

____ Passenger Van (seats 12) ____ Suburban (seats 8) ____ Mini-Van (seats 7) ____ Equipment Trailer

All Drivers must be listed Employee/Student ID # _____

_____ _____ List of students and other passengers must be attached

_____ _____

Note: All drivers must be approved annually to drive College/University vehicles. If approval is not obtained prior to the pick up date, the requestor will be prohibited from driving a College/University vehicle. Questions about approval, call 2859. System Procedure 5.19.3 states that **“personal guests, including spouses, are not allowed to travel in a state-owned, rented, or leased vehicle.”**

Student Signature _____ **Date** _____

By signing this form, the student understands that he or she “is responsible for complying with Minnesota State Colleges and Universities travel policy and procedures, the employee's respective bargaining agreement or compensation plan, state laws, federal laws, and IRS guidelines....” (Board Policy 5.19)

Supervisor/Advisor/Dean (responsible for account) _____ **Date** _____

Vice President/Designee (for all out-of-state travel) _____ **Date** _____

President (for all international travel) _____ **Date** _____

Forward the completed and approved request to Deputy 202, Box 5 Travel Desk

Print your name to have a copy of the signed form returned to you _____

