

PRE-TRIP AUTHORIZATION

TRAVEL RELATED TO OUTSIDE WORK FOR PAY SHOULD NOT BE AUTHORIZED BY THE UNIVERSITY

SECTION A: TRAVEL AUTHORIZATION

This section must be completed prior to departure.

SECTION B: ESTIMATED TRIP COSTS

Name: DOE (Last) JANE (First) DOEJANE1 (MSU NetID)

Email: DOEJANE1@MSU.EDU

Department: Lyman Briggs College Visa Type _____

Dept Addr: Holmes Hall, 919 E. Shaw Lane Rm E35

Check One: US Citizen Resident Alien _____ NonResident Alien _____
 Check One: Faculty/Staff Graduate _____ Undergraduate _____ Other _____

Airfare _____
 Lodging _____
 Ground Transport _____
 Meal Per Diems / M&IE _____
 Program Expenses _____
 Student Related Expenses _____
 Other _____

Total Estimate \$ _____

Departure Date	Return Date	Destination(s) (City, State and Country required)
1/1/18	1/14/18	WASHINGTON DC

Account Number(s) to be charged: JD010101

Purpose of Travel (Check all that apply and fill out description):

Conference/Meeting _____ Research _____
 _____ International Programs _____ Recruitment _____
 _____ External Relations/Development _____ Team _____
 _____ Teaching/Outreach _____ Other _____
 _____ Not for Credit Learning _____ For Credit Learning _____

Reimbursement Limited to: \$ _____ Conference Fee Paid by ProCard: Yes _____
 Conference Fees Amount: \$ _____ Car Rental: Yes _____
 Airfare/Rail Prepayment: Yes _____

Travel Reimbursed by: MSU Funds Non-MSU Funds _____

Description:
 ATTENDING AND PRESENTING AT THE ABC123 CONFERENCE

SECTION C: MOTOR POOL - CAR USAGE

This section is to be filled out when authorizing traveler to use a Motor Pool Vehicle. Primary Driver: _____
 Name(s) of Additional Drivers:
 1) _____ 3) _____
 2) _____ 4) _____

SECTION D: EMERGENCY CONTACT INFORMATION - (AS REQUIRED BY COLLEGES/MAJOR ADMINISTRATIVE UNITS (MAU))

REQUIRED FOR INTERNATIONAL TRAVEL: International travel data provided from this section **should** be keyed into the **Travelers Database** (excluding MSU study abroad) by personnel designated in each participating college/unit. Enter "N/A" for missing information.
FOR DOMESTIC TRAVEL: This section may be used for domestic travel. However, the information should not be entered into the **Travelers Database**.

1. In-Travel Contact Information (skype, cell phone, iMessage, WhatsApp, email)

<u>DOEJANE1@MSU.EDU</u>	Emergency Contact Information (spouse, etc.) Name: <u>JOHN DOE</u>	2nd Emergency Contact Information Name: _____
	Phone: <u>517-555-1212</u>	Phone: _____
	Email: <u>DOEJOHN2@MSU.EDU</u>	Email: _____

2. Supervising Faculty Member Information (Graduate/Undergraduate Students Only)

Name: _____	Phone: _____	Email: _____
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3. Destination (International Trips ONLY)

Information	First Travel Location: _____ Dates: _____ Hotel/Host: _____ Address: _____ Phone: _____ Host/Colleague Email: _____	Second Travel Location: _____ Dates: _____ Hotel/Host: _____ Address: _____ Phone: _____ Host/Colleague Email: _____
	Third Travel Location: _____ Dates: _____ Hotel/Host: _____ Address: _____ Phone: _____ Host/Colleague Email: _____	Fourth Travel Location: _____ Dates: _____ Hotel/Host: _____ Address: _____ Phone: _____ Host/Colleague Email: _____

Will the traveler be checking email while in travel status? Yes-regularly _____ Yes-periodically Yes-infrequently _____ No _____

SECTION E: AUTHORIZATION SIGNATURES

Travel Authorization:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Motor Pool Vehicle:	<input type="checkbox"/>	<input type="checkbox"/>
Student Driving Record Check:	<input type="checkbox"/>	<input type="checkbox"/>

 President, Provost (Associate and Assistant Provost), Vice President (Associate and Assistant Vice President),
 Deans (Associate and Assistant Deans), Directors (Associate and Assistant Directors),
 Chairpersons (Associate and Assistant Chairpersons), or College/MAU Budget Officer/Financial Administrator.

Print Name _____ Date _____

Department Contact: Denise Poirier Phone #: 353-6486
 Email: poirierd@msu.edu