

Montana State University - All Campuses and Agencies
 Travel Authorization and/or Travel Advance Request

Fac/Staff
 Student

Traveler's Name _____ Campus/Agency _____ GID# _____

Address (If Not Dept) _____

Department _____ Contact Name/No _____

Banner Index/Acct _____ -OR- Paid by _____ (See Footnote*)

Destination and Purpose of Travel

Depart Date/Time _____ Return Date/Time _____ *Travel is for a business purpose and is within my budget. If for a grant/research project, travel is in accordance with the terms and conditions of the award.*

Leave is approved; classes are covered. Yes No

I am combining this trip with a personal trip. Yes No

Yes No

Mode of Travel: Airline Private Car State Car Rental Car Other _____

- Foreign Travel Only
1. Subject to Fly America Restriction? Yes No
<http://www.tvlon.com/resources/FlyAct.html>
 2. Completed Safety & Risk Form? Yes No
[Foreign Travel Insurance Form](#)
 3. Leading Students on a Trip? Yes No
[Leading Students Abroad Form](#)

Request for Actual Cost Lodging (if above state rate)

In-State (check one)

The city is listed on the high cost listing provided by the Department of Transportation

Lodging costs have temporarily escalated due to special function (list function) _____

Emergency travel arrangement precluded being able to find accommodations at state rate (list emergency) _____

Remote Locations with limited accommodation within a 15-mile radius preclude obtaining accommodations at state rate

Out-of-State (all must apply)

Government rates were requested and were not available at the hotel where the employee is staying

Government rates are not available at another hotel within a reasonable distance from the convention hotel

Reimbursement at actual cost is within the appropriation level authorized by the agency

-OR- (either in or out of state)

For personal safety reasons, higher-cost lodging is necessary for this location

TOTAL ESTIMATED EXPENSES

Transportation: \$ _____
 Meals: _____
 Lodging: _____
 Registration: _____
 Other: _____
 Total: \$ _____

TRAVEL ADVANCE REQUEST (optional) ALLOWABLE ONLY FOR ITEMS NOT ON P-CARD

Transportation: \$ _____
 Meals: _____
 Lodging: _____
 Miscellaneous: _____
 Total: \$ _____
Minimum advance is \$50.00

By my signature I, the traveler/advisor, understand this is an advance and shall be used only for travel purposes. A Travel Expense Voucher will be filed within ten (10) days after returning and will follow all rules and regulations set forth by the State of Montana. Failure to file a Travel Expense Voucher with all supporting documentation will cause a financial obligation to me. Reimbursements may be refused after 90 days.

Signatures and Approval

Employee _____ Date: _____

Supervisor/Advisor _____ Date: _____

Other Approver(s) _____ Date: _____

If you are the final approver, please sign below to authorize travel and/or release payment:

Final Approval _____ Date: _____

* If you receive or apply for any US Public Health Service Funding (Including NIH), ALL travel sponsored or paid for by a third party must be reported. See <http://www.montana.edu/wwwvr/osp/OSP%20Travel%20Disclosure%20Form.pdf>