

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 \_\_\_\_\_ *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.*  
 Return Date/Time \_\_\_\_\_

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? <a href="http://www.tvlon.com/resources/FlyAct.html">http://www.tvlon.com/resources/FlyAct.html</a>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	2. Leading Students on a Trip? <a href="#">Leading Students Abroad Form</a>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	3. Registered with Office of International Programs? <a href="#">International Travel Resource Page</a>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**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

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**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

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**-OR- (either in or out of state)**

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

TOTAL ESTIMATED EXPENSES	TRAVEL ADVANCE REQUEST (optional) <u>ALLOWABLE ONLY FOR ITEMS NOT ON P-CARD</u>
Transportation: \$ _____	Transportation: \$ _____
Meals: _____	Meals: _____
Lodging: _____	Lodging: _____
Registration: _____	Miscellaneous: _____
Other: _____	Total: \$ _____
Total: \$ _____	<b>Minimum advance is \$50.00</b>

*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/research/osp/documents/OSP\\_Travel\\_Disclosure\\_Form.pdf](http://www.montana.edu/research/osp/documents/OSP_Travel_Disclosure_Form.pdf)