Montana State University – All Campuses and Agencies Fa Travel Authorization and/or Travel Advance Request 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*

**Return Date/Time** *grant/research project, travel is in accordance with the terms and*

Leave is approved; classes are covered. **Yes No**

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

*conditions of the award.*

### Yes No

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

**Foreign Travel Only**

1. **Subject to Fly America Restriction?**

<http://www.tvlon.com/resources/FlyAct.html>

1. **Leading Students on a Trip?**

[Leading Students Abroad Form](http://www.montana.edu/international/studyabroad/msufacultyandstaff/LeadingFacultyLed_NP.html)

1. **Registered with Office of International Programs?**

[International Travel Resource Page](http://www.montana.edu/international/studyabroad/healthandsafety.html)

**Yes No**

**Yes**

**No**

**Yes**

**No**

**TOTAL ESTIMATED EXPENSES**

**TRAVEL ADVANCE REQUEST (optional)**

***ALLOWABLE ONLY FOR ITEMS NOT ON P-CARD***

*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.*

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| **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 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Transportation:** | **$** | **Transportation:** | **$** |
| **Meals:** | **Meals:** | |  |
| **Lodging:** | **Lodging:** | |  |
| **Registration:** | **Miscellaneous:** | |  |
| **Other:** | **Total:** | | **$** |
| **Total:** | **$** | ***Minimum advance is $50.00*** | |

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**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> Rev June 2016