

This request is for travel (plea	ase check one or	both boxes below):		
[] within North Dakota		[] out of state		
This form is to be completed by all obligations. All travel must be applace . The approved authorization See www.minotstateu.edu/busoff	oproved by the an	ppropriate chair or supervisor file in the Business Office for to	before the abse	nce takes
Name		Title or Rank		
Date(s) of Travel/Absence		Destination City(ies)		
Purpose of Travel (Provide title	e of meeting or co	onference; your participation or r	role, etc.)	
Faculty: Identify the arrange	ements made fo	r each class missed (by cour	rse, day, and as	signment):
1				
2				
3.				
4				
Mode of Transportation Requ	[] [] Per	"Motor Pool Request Form" su sonal vehicle her (list):	_	
Estimated Costs:				
Reimbursement <u>Requested</u>	Amount <u>Approved</u>			
Meals		Fund to be Charged	Fund No.	<u>Amount</u>
Lodging		Appropriated Account	-	
Transportation		Local Account		
Miscellaneous		Grant Account		-
Total				
Approved by:				
Employee Requesting Travel		Date Requested		
Chairperson or Supervisor		Dat	te: [] Approved	or [] Denied
If other funds requested, additional	l approval require	d:		

Funding source supervisor

Date