MICHIGAN STATE UNIVERSITY

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.

Name: _____
(Last) (First) MSU NetID

Email: _____
Visa Type

Department: _____

Dept Addr: _____

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

Departure Date	Return Date	Destination(s) (City, State and Country required)

Reimbursement Limited to: $ _____ Conference Fee Paid by ProCard: Yes ____
Conference Fees Amount: $ _____ Car Rental: Yes ____
Airfare direct billing : Yes ____

Travel Reimbursed by: MSU Funds _____ Non-MSU Funds _____

SECTION B: ESTIMATED TRIP COSTS

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

Total Estimate $ ____ -

Account Number(s) to be charged:

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

____ Conference/Meeting ____ Research
____ International Programs ____ Recruitment
____ External Relations/Development ____ Team
____ Teaching/Outreach ____ Other

Description:

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. Emergency Contact Information (spouse, etc.)

Name Phone Email

2nd Emergency Contact Information

Name Phone Email

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

Name Phone Email

3. Destination 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

	Yes	No
Travel Authorization:	☐	☐
Motor Pool Vehicle:	☐	☐
Student Driving Record Check:	☐	☐

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: _____
Email: _____ Phone #:

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Rev 3/15

Please retain original travel authorization with original signatures in department.

MICHIGAN STATE UNIVERSITY

TRAVEL EXPENSE REPORT

ATTACH THIS FORM AND ALL RECEIPTS TO THE DISBURSEMENT VOUCHER

THIS FORM DOES NOT AUTHORIZE TRAVEL

SECTION A: TRAVEL REIMBURSEMENT

Name: ____________ (Last) ____________ (First) ____________ (MSU NetID)

Department: ____________ Visa Type

Dept Addr: ____________

Check One: US Citizen ____ Resident Alien ____ NonResident Alien ____

Check One: Faculty/Staff ____ Graduate ____ Undergraduate ____ Other ____

Departure Date	Return Date	Destination(s) (City, State and Country required)

Reimbursement Limited to: $ -

Conference Fees Amount: $ -

Conference Fee Paid by ProCard: Yes ____ No ____

Michigan Flyer Direct Billed Yes ____ No ____

Direct Billed Amount: $ ____

Airfare/Rail Direct Billed: Yes ____ No ____

Direct Billed Amount: $ ____

Direct Billed Airfare/Rail Invoice Number(s): ____

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

Conference/Meeting ____ Ext Rel/Devl ____ Int'l Programs ____ Research ____

Recruitment Team Teaching/Outreach Other

Description:

SECTION B: TRANSPORTATION REIMBURSEMENT

REC #	DATES	STARTING	DESTINATION	MILEAGE	RATE	AMOUNT
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
					Transportation Sub-total	$ -

SECTION C: NOTES (Car rental justification, shared hotel room explanation, etc.)

SECTION D: ACCOUNTING LINE (optional) to assist with completion of Disbursement Voucher (DV) eDoc.

SECTION D IS OPTIONAL

ACCOUNT	SUB ACCOUNT	**OBJECT CODE**	SUB-OBJECT CODE	PROJECT CODE	ORG. REF. ID	**AMOUNT**
					Total:	$ -

SECTION E: SUBSISTENCE AND MISC.

Br - Breakfast Lu - Lunch Di - Dinner Lo - Lodging M - Misc (Item name required)

REC #	DATE	DESCRIPTION	AMOUNT

Subsistence Sub-total Page 1	$ -
Subsistence Sub-total Page 2	$ -
Transportation Sub-total Page 1	$ -
Transportation Sub-total Page 2	$ -
Total Claim	**$ -**
Limit	**$ -**

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Rev 2/2012

MICHIGAN STATE UNIVERSITY

TRAVEL EXPENSE REPORT

COMPLETE AND ATTACH THIS FORM AND ALL RECEIPTS TO THE DISBURSEMENT VOUCHER

THIS FORM DOES NOT AUTHORIZE TRAVEL

SECTION A: TRAVEL REIMBURSEMENT

Name: ______________________________
(Last) (First) (MSU NetID)

Department: ______________________________
Visa Type

Dept Addr: ______________________________

Check One: US Citizen ______ Resident Alien ______ NonResident Alien ______

Check One: Faculty/Staff ______ Graduate ______ Undergraduate ______ Other ______

Departure Date	Return Date	Destination(s) (City, State and Country required)

SECTION C: TRANSPORTATION REIMBURSEMENT

REC #	DATES	STARTING	DESTINATION	MILEAGE	RATE	AMOUNT
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
					Transportation Sub-total Page 2:	$ -

SECTION E: SUBSISTENCE AND MISC.

Br - Breakfast Lu - Lunch Di - Dinner Lo - Lodging M - Misc (Item name required)

REC #	DATE	DESCRIPTION	AMOUNT
		Subsistence Sub-total Page 2:	$ -

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