

Student Travel Authorization Quick Step Instructions:

The Student Travel Authorization is to be approved prior to any financial obligation and at least one week before travel departure date. This form is to be used for trips over 35 miles from the University. This travel authorization is subject to the condition that the particular travel is permitted by federal, state and system standards and local conditions at the time travel occurs.

Section I: Trip Information

1. Complete all trip information as requested.
2. The Responsible University Faculty/Staff Person is the State Employee who is assisting the Student with their trip. An example of this person may be an Advisor or Department Chair.

Section II: Student Information

1. Complete all student information as requested.
2. Students intending to drive need to check the box as requested.
 - a. If not previously completed, drivers must have completed the [Driver Verification Check](#) online. Verification may take 2-3 weeks.
 - b. Van drivers must be 18 years old.
 - c. A valid driver's license is required to operate a state, private, or rental vehicle while on University travel.

Section III: Estimated Expenses

- Original itemized receipts are required for certain for reimbursements. Receipts must list each item purchased.
 - Students and State Employees using state funds traveling on state business and using commercial airlines cannot claim frequent flier miles as their own.
1. Estimate all expenses to be incurred and indicate the method of planned payment.
 2. State vehicles are reserved [online](#).
 3. Private vehicle mileage:
 - a. State-owned vehicle available but declined - 60 cents per mile (.60) for travel on or after 01/01/2024.
 - b. State-owned vehicle not available - 67 cents per mile (.67) for travel on or after 01/01/2024. (Motor Pool documentation is required).
 - c. A private vehicle must be properly insured.
 4. Rental vehicle justification:
 - a. Vehicle Rentals are only authorized when the type of travel or location of meeting is such that the use of local transportation (taxi, airport limo, shuttle or buses) is not practical or is expected to be more expensive. Use the lines provided to give your detailed justification for vehicle rental as required by MnSCU Board Policy.
 5. Meal reimbursement for traveling students is as follows:
 - a. The breakfast meal is reimbursed (at actual cost not to exceed \$11.00) when the trip begins before 6:00 a.m.
 - b. The lunch meal is reimbursed (actual cost not to exceed \$13.00)
 - c. The dinner meal is reimbursed (actual cost not to exceed \$19.00) when the trip ends after 7:00p.m.
 - d. Business Services does not require receipts for meal reimbursements; however, the budget supervisor may require receipts. Please verify this with the Responsible University Faculty/Staff Person.
 - e. When a Special Meal or Banquet is required, the state Faculty/Staff person is to pay and an itemized receipt is required. The actual amount spent is what will be reimbursed.

After completing Sections I, II, and III, please submit document to the Responsible University Faculty/Staff Person to complete Section IV.

Section IV: Funding Sources and Authorizations

1. Responsible University Faculty/Staff Person complete the funding sources and route for all of the appropriate approval signatures.
2. Fax this document to Public Safety dispatch at 218-477-2897 with any necessary changes.
3. Attach a copy of the approved Student Travel Authorization along with **each payment request**.
 - a. Payment request examples: purchasing card statement, purchase orders, expense reports, check requests, and wire transfers.



Minnesota State University Moorhead is an equal opportunity educator and employer and is a member of the Minnesota State system. This information will be made available in alternate format upon request by contacting Disability Services at 218.477.4318 (VOICE) or 1.800.627.3529 (MRS/TTY).

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Section I. Trip Information

Check applicable: ☐ In-State ☐ Out-of-State ☐ International

Type of Travel: ☐ Class Field Trip ☐ Student Organization ☐ Student Travel Without Faculty ☐ Student Travel With Faculty ☐ Athletics

☐ Other _____

Travel Destination: _____ Departure Date: _____ Return Date: _____

Responsible University Faculty/Staff Person: _____ Cell Phone Number: _____

Describe the reason for travel. Attach a copy of the event agenda or brochure. _____

Destination hotel name and phone number: _____

Section II. Student Information – Please Print or Type.

Dept/Organization: _____ Phone Number: _____

List below all students participating in the trip. (Attach additional pages as necessary). Please check the box next to the names of drivers. If not previously completed, driver(s) need to complete the Drivers Verification online at: <https://my.mnstate.edu/Driver>

Student Name	Driver	Dragon ID	Cell Phone	Emergency Contact Name and Number
_____	<input type="checkbox"/>	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____
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_____	<input type="checkbox"/>	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____

Any changes to this roster prior to departure must be communicated to Public Safety.

Travel Destination: _____ Departure Date: _____ Return Date: _____

Responsible University Faculty/Staff Person: _____ Cell Phone Number: _____

Section III. Estimated Expenses

Estimate all expenses to be incurred and indicate method of payment.

Transportation:

☐ Air ☐ Bus ☐ Railway ☐ Other _____ \$ _____ ☐ ☐ ☐ ☐ Cardholder Name _____

State Vehicle (Internal Charge)

_____ miles @ \$ _____/mile X _____ vehicle(s) _____ \$ _____

Private Vehicle

_____ miles @ \$ _____/mile X _____ vehicle(s) _____ \$ _____ ☐

Rental Vehicle _____ \$ _____ ☐ ☐ ☐ ☐ Cardholder Name _____

Rental Car Justification:

Lodging:

Number of nights _____ @ \$ _____/night _____ \$ _____ ☐ ☐ ☐ ☐ Cardholder Name _____

Meals:

Estimate of total meals _____ \$ _____ ☐

Special Meals or Banquets _____ \$ _____ ☐ ☐ ☐ Cardholder Name _____

– Itemized receipt(s) required. Responsible Faculty/Staff will be reimbursed for actual amount spent for special meals or banquets.

Other:

Conference or Registration Fee _____ \$ _____ ☐ ☐ ☐ ☐ Cardholder Name _____

Other Expenses _____ \$ _____ ☐ ☐ ☐ ☐ Cardholder Name _____

Other Expenses _____ \$ _____ ☐ ☐ ☐ ☐ Cardholder Name _____

Other Expenses _____ \$ _____ ☐ ☐ ☐ ☐ Cardholder Name _____

Total Estimated Trip Expenses _____ \$ _____

Upon completion, return to the Responsible University Faculty/Staff for completion of Section IV.

Section IV. Funding Sources and Authorizations –To be completed by Responsible University Faculty/Staff.

Cost Center number/name _____ \$ _____

Cost Center number/name _____ \$ _____

Cost Center number/name _____ \$ _____

Authorized Signature/Advisor: _____ Date: _____

Dean/Director/Vice President: _____ Date: _____

International Travel, Director of Global Engagement: _____ Date: _____

International Travel, President's Designee, Arrick Jackson: _____ Date: _____

• Upon approval, return this document to the responsible University Faculty/Staff person. All 334xxx SABC accounts need to send a copy of this form to the Office of Student Activities at osa@mnstate.edu.

• Prior to student travel, deliver to Public Safety dispatch at 218-477-2897 (fax) or dispatch@mnstate.edu.

• Attach this completed form to all payment requests.