

**MINNESOTA STATE UNIVERSITY MOORHEAD
REQUEST FOR APPROVAL OF
TRAVEL EXPENSE REIMBURSEMENT BY AN OUTSIDE SOURCE**

1. EMPLOYEE'S NAME:
2. DEPARTMENT / DIVISION:
3. PURPOSE OF TRAVEL:
4. DATE(S) OF TRAVEL:
5. DESTINATION:
6. NONSTATE ENTITY PROPOSING TO PROVIDE TRAVEL / REIMBURSEMENT:
For-Profit: ___ Not-for-Profit: ___ Other (explain):
7. LIST ALL CONTRACTS AND THEIR DOLLAR AMOUNTS, AND THE NATURE OF THE RELATIONSHIP BETWEEN THE INSTITUTION OR DIVISION AND PROPOSED FUNDING SOURCE:

8. TRAVEL EXPENSES TO BE PROVIDED / REIMBURSED:

<u>Type of Expense</u>	<u>Dollar Value</u>
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Signed: _____ (Employee making request)	Date: _____
Approved: _____ (Division)	Date: _____
Approved: _____ President	Date: _____