

**TRAVEL AUTHORIZATION AND EMERGENCY CONTACT FORM**

**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) (ZPID or MSU NetID#)

**Email:** \_\_\_\_\_

**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: \$ \_\_\_\_\_ Car Rental: Yes \_\_\_\_\_

Conference Fees Amount: \$ \_\_\_\_\_ Conference Fee Paid by ProCard: Yes \_\_\_\_\_

Estimated Trip Costs: \$ \_\_\_\_\_ Airfare direct billed: Yes \_\_\_\_\_

**Travel Reimbursed by:** [IF KNOWN] MSU Funds \_\_\_\_\_ Non-MSU Funds \_\_\_\_\_

**SECTION B: ACCOUNT(S) TO BE CHARGED**

UNIT CODE	DEPT NAME	ACCT #	OBJ CODE	AMOUNT
020-InState			022-OutofState	Total: \$ -
025 -NonMSU			026-International	028-ConferenceFees

**SECTION C: TRAVEL ADVANCE / ESTIMATED TRIP COSTS**

Travel Advance Amount: \$ \_\_\_\_\_

Estimated Trip Costs:

Airfare	
Lodging	
Ground Transportation	
Meal Per Diems / M&IE	
Program Expenses	
Student Related Expenses	
Other	
<b>Total Estimate</b>	<b>\$ -</b>

\*When requesting a Travel Advance, amount requested should equal Total Estimate.

**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 \_\_\_\_\_

**\*\*\*ADVANCE NUMBER\*\*\***

Contracts & Grants Signature (Req'd for International)

**SECTION D: 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 E: EMERGENCY CONTACT INFORMATION - (AS REQUIRED BY COLLEGES/MAJOR ADMINISTRATIVE UNITS (MAU))**

**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: \_\_\_\_\_ Second Travel Location: \_\_\_\_\_

Dates: \_\_\_\_\_ Dates: \_\_\_\_\_

[IF KNOWN] Hotel/Host: \_\_\_\_\_ Hotel/Host: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Host/Colleague Email: \_\_\_\_\_ Host/Colleague Email: \_\_\_\_\_

Third Travel Location: \_\_\_\_\_ Fourth Travel Location: \_\_\_\_\_

Dates: \_\_\_\_\_ Dates: \_\_\_\_\_

Hotel/Host: \_\_\_\_\_ Hotel/Host: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Host/Colleague Email: \_\_\_\_\_ Host/Colleague Email: \_\_\_\_\_

Will the traveler be checking email while in travel status? Yes-regularly \_\_\_\_\_ Yes-periodically \_\_\_\_\_ Yes-infrequently \_\_\_\_\_ No \_\_\_\_\_

**SECTION F: AUTHORIZATION SIGNATURES**

Travel Authorization:	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	
Travel Advance:	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	
Motor Pool Vehicle:	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	

\_\_\_\_\_  
Unit Administrator

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Department Contact: \_\_\_\_\_

Email: \_\_\_\_\_ Phone#: \_\_\_\_\_