

MICHIGAN STATE UNIVERSITY

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 _____

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: 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	
Total Estimate	\$ -

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

*****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

Travel Advance: Yes No

Motor Pool Vehicle: Yes No

Unit Administrator _____ Print Name _____ Date _____

Department Contact: _____

Email: _____ Phone#: _____