## BSU Clubs & Organizations Student Travel Request and Authorization Form

This form is for student organization members planning to travel on behalf of their organization with available funding to support it.

Name:			Student Address:			
Student ID:						
Organization Name:			]			
Organization Fundraising Account # Total:			Student Phone:			
Organization SAFAC Account # Total:			Student Email:			
Estimated Expenses for	Travel (travel authoriza	tion must be approved	before travel):			
Dates of Travel:	Destination:			Reason for Travel:		
Registration Fee:	l					
Lodging:						
Mileage (calc cost/per mile):					Please review information	
Airfare:				1	on page 2. By signing you	
Rental:				1	agree to adhere to	
Other:					university and Minnesota	
Total for this trip:					State travel policy.	
•						
Type of transportation	Mileage rate	x Total Miles (rou	nd trip if appli	icable)		
☐ Personal vehicle	.60-67/mile					
☐ 12 passenger van, how	many (4 vans in fleet)?	·				
☐ Air	☐ Enterprise Rental ☐ Roster of Passengers Included					
Names of all drivers						
Requester:						
Requester	printed name	signature		Date:		
Supervisor/Advisor:						
	printed name	signature		Dat	te:	
VP Designee:						
(out of state travel)	printed name	signature		Date:		
President:						
(international travel)	printed name	signature		Da	te:	

## **BSU Clubs & Organizations**

Please submit travel request forms a minimum of two-weeks in advance of your trip so necessary signatures can be obtained. Funds disbursed by the College or University cannot be used for payment of expenses incurred during the trip that does not involve conducting College/University Business (System Procedure 5.19.3) Extra time may be needed if a rental vehicle needs to be booked.

**Attach documentation** - details/specifics of the conference, meeting, or other activity, including the dates (e.g. conference web page, email confirming a presentation or performance, or a description of who you will be meeting with, and what activities you will be engaged in.)

- \*Anyone driving must complete a vehicle use agreement annually.
- \*Anyone driving a personal vehicle while transporting other employees or students must provide proof of insurance & coverage limits attached to this travel request.

This form is for students only. If the travel will be incurred by an advisor or employees, they should use the employee travel form instead on the <u>Business Services website</u>.

## Before submitting, complete all information on page 1. Please consider the following:

- \* If traveling with a BSU vehicle, the organization will be billed directly. If using a personal vehicle, the driver may choose to either submit gas receipts or be reimbursed mileage.
- \* If a student requests a BSU vehicle but it is unavailable, the IRS allows for personal vehicle reimbursement at a higher rate of .67 per mile. If a BSU vehicle is available, the IRS allows for personal vehicle reimbursement of .60 per mile.
- \* Student activity fee funding (SAFAC) for travel must be requested separately from annual allocations. Request form is available on BeaverLink CampusLinks and must be submitted a minimum of 14 days before the start of the trip.
- \* SAFAC lodging is limited to \$25/per person a night. Expenses over and above SAFAC allocation must be covered by fundraised account or personal expense.
- \* Fundraising accounts may be used for personal items, dues, meals, and portions of lodging not covered by SAFAC.
- \* Save required original receipts to attach to expense reimbursement form after travel is complete.
- \* Signatures should go in order. Please sign before submitting to an advisor. Advisor should sign before submitting to VP/Designee (if applicable).

Forward completed form and approved request to Deputy 202, Box 5 Travel Desk.

## **BSU/NTC Travel Roster**

List all participating in the trip. (Attach additional pages as necessary). All drivers must be listed on the first page of the travel request or noted below. Please type so that information is legible and accurate.

Name	ID#	Cell Phone	Emergency Contact Name & Phone