

Travel Authorization Request

Name: _____ MSU email: _____

Room/Lab # _____

Check one:

- Faculty
- Staff
- Grad
- Undergrad
- Other

Check one:

- US Citizen
- Resident Alien
- Non-Resident Alien

Date of Departure: _____ Date of Return: _____

Destination(s): _____
City State Country

Has AIRFARE been direct billed? Yes No

MSU Reimbursement: Non-MSU Reimbursement:

Account Number: _____ Sub Account: _____

Travel Advance: _____ Reimbursement limited to: _____

Conference Fees paid with MSU Purchasing Card? Yes No

University Vehicle? Yes No Car Rental? Yes No

Meeting/Conference: _____

Reason for Attendance: _____

Report on Out-of-State Travel:

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Conference/Meeting | <input type="checkbox"/> Research |
| <input type="checkbox"/> International Programs | <input type="checkbox"/> Recruitment |
| <input type="checkbox"/> External Relations/Development | <input type="checkbox"/> Team |
| <input type="checkbox"/> Teaching/Outreach | <input type="checkbox"/> Other |

Please e-mail completed form to BMB Travel at bmbtravel@cns.msu.edu