MINNESOTA WEST COMMUNITY & TECHNICAL COLLEGE TRAVEL REQUEST

For Travel outside the normal scope of position Submit at least ten days prior to anticipated departure

Name			Title		
Circle:			(within 100 miles	of border)	Out of State
Circle:	Faculty	Classified	Student		
Event:					
Location:					
Departure	e date and time	o:			
Event dat	e and time:				
Return da	ite and time: _				
How man	y and who will	go with you:			
Estimatio	n of Expenses:	*Indicates re	ceipts are requi	red	
(Round trip		_Miles@ State mileage tables sportation)			
*Housing *Meals (w Bre *Fees, reg	ithin state limits) eakfast # gistrations, etc.	s at \$Din Lunch #Din (explain and attach	ner #		
Other exp	enses (itemize)				
will use sta	ate car (if availabl	e) Circle: YES	NO-prefer private ca	Total:	
If you drive contracts.	a private car whe	n state car is availat	ole, the lower rate wi	ll be paid as per	travel regulations and
l have planr	ned this trip to ach	nieve the most econo	omical and practical	transportation, lo	odging and other costs
Signature				Date	
Approval	of Supervisor _			Date	
Out of sta	te/country app	roval border)	President or Design	ee	Date
	Budget	,	2 2 2 3 1 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		