

STATE OF MINNESOTA
REQUEST FOR APPROVAL OF SPECIAL EXPENSES

Minnesota State Academies
Attn: Fiscal Services
615 Olof Hanson Drive
Faribault, MN 55021

Name of Requestor:		Title:		
Phone:	Date of Request:	Requesting agency:		
Expenses for which approval is requested (see instructions on Page 2)				
The following may be approved by the appointing authority or designee: ☐ 1. Full cost of meal that is part of conference, etc. ☐ 2. Registration/tuition for conference, seminar, etc. ☐ 3. Refreshments for agency meeting where majority are not state employees ☐ 4. Refreshments, meals and other costs for agency sponsored conference ☐ 5. Refreshments/meals for agency meeting where majority are state employees ☐ 6. Refreshments/meals for meeting of board, council, etc. ☐ 7. Lodging for employee not in travel status ☐ 8. Expenses for employee's attendant ☐ 9. Expenses for state fair work assignment ☐ 10. Employee award/recognition event The following require approval of the appointing authority and Commissioner of Employee Relations: ☐ 1. International travel ☐ 2. Employee award/recognition event beyond those in Provision A 10 ☐ 3. Other (describe in space provided on page 2)				
Full title of the event sponsor (do not use acronyms or initials):				
Full title of the conference, workshop, seminar, meeting or other event:				
Event location (title and address of host facility):			Date(s) and time(s) of event:	
Individuals for whom special expense approval is requested (check all that apply): ☐ Requestor only ☐ Additional state employees. List names and titles ☐ Other participants. List Names, titles and organizations:				
Description of expense		Quantity	Unit Cost	Total
			TOTAL REQUESTED: \$	
Explain why the state should pay these expenses:				
Requestor's Signature: _____ Date _____				
☐ Approved for an amount not to exceed: \$ _____ ☐ not approved because: _____ Signature: _____ Agency Approval (Note: An amount is required for this form to be considered completely) Date _____				
☐ Approved for an amount not to exceed: \$ _____ ☐ not approved because: _____ Signature: _____ Commissioner of Employee Relations Approval (if required) (Note: An amount is required for this form to be considered completely) Date _____				
Use this space to describe "Other" special expenses for which approval is requested:				