



MISSISSIPPI VALLEY STATE UNIVERSITY™

REQUEST FOR APPROVAL OF INTERNATIONAL TRAVEL

To be eligible for reimbursement of expenses incurred in travel outside the continental United States as provided, this request for approval of international travel must be submitted to the Office of the President prior to travel and at least one (1) month before the trip. There must be a separate form for each person seeking such approval. If approved, a copy of this form will be returned to the requestor. After the approval of the trip, the requestor must complete the following:

- Travel Request Form with a copy of agenda
- Remittance Voucher with Registration Form attached, if necessary
- Requisition for Airline ticket with air flight itinerary attached

International travel cannot be funded with state dollars. After the trip, the requestor must follow university procedures for travel reimbursement. Note: Any funds spent in excess of the estimate of cost for which approval is herein sought will not be reimbursed until supplemental approval granted by the President's Office.

Name _____ Title _____

Destination(s) _____

Dates of Meetings _____ to _____ Dates of Travel _____ to _____

Expenses will be reimbursed from Fund _____ Banner Org # _____

Purpose of Travel: (Include title and sponsor of meeting)

Statement of Specific Benefits to the university from this travel:

Estimate the entire cost of this travel and be as accurate as possible.

	Estimated Cost	Actual Cost
Airfare	\$ _____	\$ _____
Meals (___ Days @ \$ ___/Day)	\$ _____	\$ _____
Lodging (___ Days @ \$ ___/Day)	\$ _____	\$ _____
Registration Fee	\$ _____	\$ _____
Car Rental (___ Days @ \$ ___/Day)	\$ _____	\$ _____
Other:	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
Total	\$ _____	\$ _____

Amount Requested \$ _____

A copy of this form indicating approval must be attached to your Travel Request and Travel Expense Voucher to receive reimbursement.

Signatures required for approval of International Travel and Cost Estimate	Signatures required only for submission and approval of excess expenses over estimate
_____ Employee Date	_____ Employee Date
_____ Department Head Date	_____ Department Head Date
_____ Area Vice President Date	_____ Area Vice President Date
_____ OSP/Title III/Private Grants (if required) Date	_____ OSP/Title III/Private Grants (if required) Date
_____ VP Business & Finance Date	_____ VP Business & Finance Date
_____ President Date	_____ President Date