

MINNESOTA FINANCE DEPARTMENT

400 Centennial Building

658 Cedar Street

St. Paul, MN 55155

REQUEST FOR APPROVAL TO INCUR SPECIAL EXPENSES

1. Name and Title of Requestor	1a. Agency/Department Name
2. Phone	3. Date this form prepared

4. APPROVAL IS REQUESTED FOR THE FOLLOWING: ("X" all that apply):

- | | |
|---|--|
| (a) <input type="checkbox"/> Meal(s) which exceed maximum state allowance
(b) <input type="checkbox"/> Meal(s) within work area
(c) <input type="checkbox"/> Refreshments (coffee, tea, or soft drinks) | (d) <input type="checkbox"/> Conference and registration fee(s)
(e) <input type="checkbox"/> Lodging within work area
(f) <input type="checkbox"/> Other Special Expense (Specify) |
|---|--|

5. FULL NAME OF CONFERENCE, MEETING, ORGANIZATION, ETC. (No Acronyms, Initials, etc.)	7. DATE(S) & TIME(S) OF EVENT
6. LOCATION OF EVENT (NAME & ADDRESS OF HOST FACILITY)	

8. DESCRIBE WHY THE STATE SHOULD PAY THESE EXPENSES:

9. ITEMIZATION OF COSTS:	QUANTITY	\$ UNIT COST	\$ TOTAL
DESCRIPTION			

10. NAME OF SPONSOR OR MEETING, CONFERENCE, OR WORKSHOP	TOTAL REQUESTED FOR APPROVAL]
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11. FOR WHOM IS APPROVAL OF SPECIAL EXPENSE BEING REQUESTED?

a. REQUESTOR ONLY ("X") STATE EMPLOYEES (List Names and Titles if Other Than Requestor)	b. OTHER PARTICIPATES
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12. DEPARTMENT APPROVALS	DATE
	APPROVED FOR AN AMOUNT NOT TO EXCEED:
	\$ _____
	NOT APPROVED BECAUSE: