

**STATE OF MINNESOTA
REQUEST FOR APPROVAL OF SPECIAL EXPENSES**

Minnesota Management & Budget
400 Centennial Office Building
658 Cedar Street
St. Paul, MN 55155

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. <input type="checkbox"/> Full cost of meals that is part of conference, etc.	6. <input type="checkbox"/> Refreshments/meals for meeting of board, council, etc.	
2. <input type="checkbox"/> Registration/tuition for conference, seminar, etc.	7. <input type="checkbox"/> Lodging for employee not in travel status	
3. <input type="checkbox"/> Refreshments for agency meeting where majority are not state employees	8. <input type="checkbox"/> Employee award/recognition event	
4. <input type="checkbox"/> Refreshments, meals and other costs for agency sponsored conference	9. <input type="checkbox"/> Out-state travel (i.e.: airfare, hotel, meals, etc.)	
5. <input type="checkbox"/> Refreshments/meals for agency meeting where majority are state employees	10. <input type="checkbox"/> In-state travel (i.e.: hotel, car rental, meals, etc.)	
The following require approval of the appointing authority and the Commissioner of Minnesota Management & Budget		
1. <input type="checkbox"/> International travel	3. <input type="checkbox"/> Other (describe in space provided on page 2)	
2. <input type="checkbox"/> Employee award/recognition event beyond those in Provision 8 above.		
Full title of the event sponsor <i>(do not use acronyms or initials):</i>		
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):		
<input type="checkbox"/> Requestor only	<input type="checkbox"/> Other participants. List names titles and organizations:	
<input type="checkbox"/> Additional state employees. List names and titles:		
<i>(List all transportation, lodging, meals or ancillary expenses associated with this request. Identify any portion of expense that may be reimbursed by a non-state</i>		
Description of Expense:	Quantity	Unit Cost Total
TOTAL REQUESTED:		
Explain how the state will benefit from incurring these expenses:		
Requestor's Signature:	Date:	Org # to Charge:
SUPERVISOR'S APPROVAL		
<input type="checkbox"/> Approved for an amount not to exceed: \$	<input type="checkbox"/> Not approved because:	
Signature:	Date:	
AGENCY APPROVAL (Deputy Commissioner)		
<input type="checkbox"/> Approved for an amount not to exceed: \$	<input type="checkbox"/> Not approved because:	
Signature:	Date:	
COMMISSIONER OF MINNESOTA MANAGEMENT & BUDGET APPROVAL (if required)		
<input type="checkbox"/> Approved for an amount not to exceed: \$	<input type="checkbox"/> Not approved because:	
Signature:	Date:	

Use this space to describe "Other" special expenses for which approval is requested

INSTRUCTIONS

Please include only special expense items on this form. It must contain sufficient detail to justify the expenditure of funds under the special expense provisions. For further information, refer to the Minnesota Management & Budget Administrative Procedure 4.4 - Special Expenses.

Submit a single request for all employees of a division and/or Other Participants attending the same meeting, conference, seminar or other event. Attach additional sheets if you need more space to provide the information requested.

FIELD	INSTRUCTIONS
Date of request	Except as provided in Administrative Procedure 4.4, approval must be obtained in advance from the appointing authority or designee (and, where required, the Commissioner of Minnesota Management & Budget). If approval is requested after the fact because of an emergency situation, the request must include an explanation of why prior approval could not be obtained.
Expenses for which approval is requested	<p>Item numbers refer to provisions of the Administrative Procedure - Provision A for expenses approved by the agency head; Provision B for expenses which also require the approval of Minnesota Management & Budget. Refer to Administrative Procedure 4.4 for additional information and limitations on the use of each item.</p> <p>Employees who are not in travel status must request approval of meals and lodging as special expenses. Employees in travel status need not request special expense approval unless meals exceed maximums allowed by the appropriate contract/plan. Maximum reimbursement rates apply unless acceptable justification is provided for greater amounts.</p> <p>Registration/tuition fees are treated as special expenses but prior approval is required only if the cost per participant exceeds \$500.</p> <p>Refreshments are limited to relatively inexpensive beverages such as coffee, tea or soft drinks. Food items are not included.</p>
Individuals for whom special expense approval is requested	List names, titles and organizations of Other Participants who will be individually reimbursed. If a restaurant or vendor will be paid directly for their expenses, list just the name of each separate group and the total number of participants from that organization.
Description of Expense	Itemize each different type of expense separately. For meals, list breakfasts, lunches, dinners and refreshments separately.
Agency Approval	<p>Special expenses must be authorized by the appointing authority or a designee to whom approval authority has been formally delegated. Agency procedures may require additional approvals.</p> <p>The appointing authority must sign all requests submitted to the Commissioner Minnesota Management & Budget for approval.</p>