



# SPECIAL EXPENSE REQUEST FORM

Name(s) of Employee(s) Requesting Approval: \_\_\_\_\_

Purchase Order Number: \_\_\_\_\_

**Attach a copy of the agenda (always) and the estimated number of attendees (if applicable). A final list of attendees must be submitted with invoice for all meetings.**

Approval is requested for the following ("X" all that apply):

- Meal and/or lodging for individual within work area attending meeting or conference
- Conference registration fee or tuition in excess of \$1,000
- Meal and/or refreshments (coffee, tea, or soft drinks) for a group meeting or conference

Name of event and sponsor of event (attach copy of agenda): \_\_\_\_\_

Location of event: \_\_\_\_\_

Date(s) of event: \_\_\_\_\_

- International Travel
- Other special expense (specify description, quality, unit cost, total)

### Itemized Estimate of Costs

Airfare:	\$ _____	X	_____	= \$ _____
	Round trip per person		Number of people	
Lodging:	\$ _____	X	_____	= \$ _____
	Per night per person		# of nights	# of people
Meals:	\$ _____	X	_____	= \$ _____
	Per day per person		# of days	# of people
Registration Fee:	\$ _____	X	_____	= \$ _____
	Per person		Number of people	
Meeting Meal Expense:	\$ _____	X	_____	= \$ _____
	Per person		Number of people	
Other (specify):	_____			= \$ _____

TOTAL ESTIMATED COST = \$ \_\_\_\_\_

Justification: Explain in detail why trip/special expense is in best interest of Lake Superior College.

\_\_\_\_\_  
 \_\_\_\_\_

Requestor/Traveler Signature                      Print Name                      Date                      Phone

Lake Superior College Administrator                      Print Name                      Date                      Phone

President's Signature (required for international travel)                      Date

