BEFORE YOU GO….

As far in advance of your planned travel as possible, find out what support funds are available to you by filling out a Faculty Travel Authorization Form.

Estimate your anticipated expenses and indicate the purpose of your planned travel, including the name and location of the conference. If possible, attach a copy of the program page on which your participation is announced, or the letter confirming your participation if the program is not yet available. Discuss your plans with your department chair. The department chair will sign the form to indicate his/her support for this activity. Send the form, signed by your department chair, to the Dean of the College office.

ESTIMATING EXPENSES

When estimating expenses, use the following parameters:

• Round-trip to the airport from Northfield = $42.00
• Other mileage = $ .56/mile
• Meals = up to $55/day. **Itemized receipts must be presented for reimbursement. Alcohol will NOT be reimbursed.**

Airfare estimates can be obtained by using any on-line services you find to be convenient while providing a low cost. All other expenses should be estimated based on known costs and best guesses. Don’t forget about taxis, parking and lodging tax.

A signed copy of the form will be returned to you indicating the amount authorized from Deans’ funds in support of your travel (Check with your department for specific procedures for making travel arrangements.). **SAVE YOUR FORM for use as your reimbursement request.**

WHEN YOU GO…

Be sure to get **ITEMIZED/DETAILED RECEIPTS** for any item you will be requesting reimbursement for. It is a good idea to make yourself familiar with the [St. Olaf College Travel and Business Expense policy](#) before you travel.

WHEN YOU RETURN…

Submit your receipts with your copy of the Faculty Travel Support & Reimbursement Request Form, filling in the exact expenses from your travel in the “Final Expenses” column. Be sure to indicate which expenses are to be reimbursed directly to you, and which are on the St Olaf VISA card. Send the form to the Dean of the College Office.

Reimbursements will be made only up to the originally authorized amount. Meals will be reimbursed up to $55 per day with detailed original receipts.

**If any expenses were paid with a college credit card, simply change the unit number on your St. Olaf VISA statement to “99999” – (DOC Reclass Unit). Be specific in your description, i.e., Fac Travel for (faculty name), dates of travel, city & state.**
FACULTY TRAVEL AUTHORIZATION FORM

NAME: ____________________________ DATE OF REQUEST: ____________________________

DEPARTMENT: ____________________________ DATES OF TRAVEL: ____________________________

FOR TRAVEL TO (CONFERENCE Name & LOCATION):

NAME & LOCATION):

I WILL: ___ Present Paper ___ Chair Session ___ Comment at Session ___ Officer ___ Other:_____________________

I NEED: ___ Laptop Computer ___ Projector ___ Other equipment/help from IT, if available ____________________

Categories | Estimated Expenses | Final Expenses | Pd Cash (owe to you) | Items on Sto VISA
--- | --- | --- | --- | ---
Airfare
Mileage @ $.56/mile (car trips) Miles _______
Airport/Northfield ($42.00 per RT)
Conference Registration
Hotel
Meals (max $55/day, detailed receipts required)
Taxis and rental cars
Parking
Other
Other

Totals

NOTE: Please complete the Final Expense portion of this form and return it to the Office of the Dean of the College within 20 business days of when the expenses are incurred. We highly encourage ACH reimbursement (please sign form in Business Office). If any expenses are reimbursed after being accounted for more than 60 days of when they were incurred, we will be required by the IRS to record them as income to you on your W-2, which the college will be required to withhold taxes on. By signing below, I agree that the expenses listed above are valid St. Olaf business expenses, and understand that if the expenses are approved for reimbursement after being accounted for more than 60 days from when they were incurred, they will be recorded as income to me through payroll.

Traveler’s Signature: ____________________________ Date: ____________________________

Department Chair Signature: ____________________________
(indicates your support for this travel)

Other Support: ____________________________ in the amount of $ ____________

AD Signature: ____________________________ Authorized amount $ ____________

For DOC Use Only: Budget Year ____________ Amount Authorized ____________ Ent in DB ____ Request complete ___

DOC Use Only: Prior Support

20__ __________________
20__ __________________

(Regarding Budget Year and Amount Authorized)