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 Provost office.

ESTIMATING EXPENSES

When estimating expenses, use the following parameters:

- Round-trip to the airport from Northfield = $54.00
- Other mileage = $ .725/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 expenses in [Oracle](#). Be sure to indicate which expenses are to be reimbursed directly to you, and which are on the St Olaf VISA card. 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**): _____

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 @ $.725/mile (car trips) Miles _____				
Airport/Northfield ($54.00 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 Provost 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 $ _____

Provost Use Only: Prior Support

20___ _____

20___ _____

For Provost Use Only : Budget Year _____   Amount Authorized _____   Ent in DB ____   Request complete ___