Black Hills State University

Out-Of-State/International Travel Request

**THIS REQUEST MUST BE FILED IN THE BUDGET OFFICE FIVE DAYS BEFORE THE DATE OF TRAVEL.**

All travel is pursuant to State of South Dakota travel regulations.

(Select correct one) \_\_\_ Out-Of-State Travel \_\_\_International (Contact the Office of International Studies for out-

of-country insurance purposes)

Name of Requesting Party: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Personnel Traveling: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College/Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Destination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Departure Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Return Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purpose of Travel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Rental Car **(Written justification is required when this request is submitted**) \_\_\_\_\_State Car Personal Auto\_\_\_\_\_

\_\_\_\_ Charter Air (Yes or No) \_\_\_\_\_Commercial Air (Yes or No): - **Liability Statement for Advance Airfare Purchase:** “I understand that if I do not travel for any reason other than through no fault of my own, that I am responsible for reimbursing Black Hills State University for any portion of this airline ticket which is non‐refundable”. **\***

**Excess lodging requested (Over $175 to a maximum of $275): \_\_\_\_\_\_\_\_ (Cost per night without tax)**

**Excess Lodging approved: \_\_\_\_\_\_\_\_\_ (Admin Team Initials)**

Registration Fee (Yes or No) \_\_\_\_\_\_\_\_\_\_ – **Liability** **Statement/Missed Workshop Statement:** “I understand that if I do not attend the workshop for a reason other than through no fault of my own that I am responsible for reimbursing the state for any portions of this registration/workshop fee which is non-refundable. I also understand that in the event that I do not attend the meeting, it is my responsibility to secure a refund of the prepaid fees.” **\***

T**otal Estimated Cost for this travel (include registration, meals, lodging, airfare, vehicle transportation etc.)**

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**FOP #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FOP Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other Attachments (i.e.: Agenda, Registration Form, Flight Itinerary, etc.):**

**APPROVAL OF TRAVEL**

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

Requesting Party Date Supervisor Date

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

President or Designee Date

(Approval is required for out-of-state/international travel)

**\*SDCL 3-9-1, 3-9-2, 4-1-4, BOR 5:12, Admin Rules 5:01:02, 5:01:03, 5:01:02, 5:01:03 3:05:03** 