

**STATE OF MINNESOTA
ADMIN'S REQUEST FOR APPROVAL OF SPECIAL EXPENSES**

Minnesota Department of Administration
Financial Management and Reporting
309 Administration Building
50 Sherburne Ave
St. Paul, MN 55155

Name of Requestor:		Title:	
Phone:	Date of request:	Requesting agency/division:	

Expenses for which approval is requested (see Instructions on page 2)

The following may be approved by the appointing authority or designee:

- | | |
|---|--|
| <input type="checkbox"/> 1. Full cost of meal that is part of conference, etc.
<input type="checkbox"/> 2. Registration/tuition for conference, seminar, etc.
<input type="checkbox"/> 3. Refreshments for agency meeting where majority are not state employees
<input type="checkbox"/> 4. Refreshments, meals and other costs for agency sponsored conference
<input type="checkbox"/> 5. Refreshments/meals for agency meeting where majority are state employees | <input type="checkbox"/> 6. Refreshments/meals for meeting of board, council, etc.
<input type="checkbox"/> 7. Lodging for employee not in travel status
<input type="checkbox"/> 8. Expenses for employee's attendant
<input type="checkbox"/> 9. Expenses for State Fair work assignment
<input type="checkbox"/> 10. Employee award/recognition event |
|---|--|

The following requires approval of the appointing authority and the Commissioner of Minnesota Management & Budget (MMB):

- | | |
|--|--|
| <input type="checkbox"/> 1. International travel
<input type="checkbox"/> 2. Employee award/recognition event beyond those in provision A10 of MMB's Administrative Procedure 4.4 | <input type="checkbox"/> 3. Other (describe in space provided on page 2) |
|--|--|

Full title of the event sponsor (do not use acronyms or initials):

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"/> Additional state employees. List names and titles: | <input type="checkbox"/> Other participants. List names, titles and organizations: |
|--|--|

Description of Expense	Quantity	Unit Cost	Total

TOTAL REQUESTED: \$

Explain why the State should pay these expenses:

Requestor's Signature: _____ Date: _____ Fund/FinDept ID/Appr: _____

AGENCY APPROVAL

- Approved for an amount not to exceed: \$ _____
 Not approved because: _____
- Division/Executive Director's (or designee's) Signature: _____ Date: _____
 Assistant/Deputy Commissioner's Signature: _____ Date: _____
 Commissioner's Signature: _____ Date: _____
 Financial Mgmt & Reporting Signature: _____ Date: _____

COMMISSIONER OF MINNESOTA MANAGEMENT & BUDGET APPROVAL (if required)

- Approved for an amount not to exceed: \$ _____
 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 Admin FMR-Administrative Procedure 4.4.1 and MMB's 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 FMR-Administrative Procedure 4.4.1 and MMB's Administrative Procedure 4.4, agency approvals (and, where required, approval from the Commissioner of MMB) must be obtained in advance. 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	Refer to MMB's Administrative Procedure 4.4 for additional information and limitations. Employees who are not in travel status must request approval of meals and lodging as special expenses. "Refreshments" consist of relatively inexpensive items such as beverages, cookies and rolls and are not to be the equivalent of a meal.
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	Required approvals are specified in Admin's FMR-Administrative Procedure 4.4.1.

(Dec 2013)