


STATE OF MINNESOTA
REQUEST FOR APPROVAL OF SPECIAL EXPENSES

Department of Employee Relations
200 Centennial Office Building
658 Cedar Street
St. Paul, MN 55155

Name of Requestor: Tim Preuss		Title: Instructor											
Phone: 218.299.6614	Date of request: 9/25/2015	Requesting agency: MSCTC											
Expenses for which approval is requested (see Instructions on page 2)													
<p>The following may be approved by the appointing authority or designee:</p> <table border="0" style="width:100%"><tr><td><input type="checkbox"/> 1. Full cost of meal that is part of conference, etc.</td><td><input type="checkbox"/> 6. Refreshments/meals for meeting of board, council, etc.</td></tr><tr><td><input type="checkbox"/> 2. Registration/tuition for conference, seminar, etc.</td><td><input type="checkbox"/> 7. Lodging for employee not in travel status</td></tr><tr><td><input type="checkbox"/> 3. Refreshments for agency meeting where majority are not state employees</td><td><input type="checkbox"/> 8. Expenses for employee's attendant</td></tr><tr><td><input checked="" type="checkbox"/> 4. Refreshments, meals and other costs for agency sponsored conference</td><td><input type="checkbox"/> 9. Expenses for State Fair work assignment</td></tr><tr><td><input type="checkbox"/> 5. Refreshments/meals for agency meeting where majority are state employees</td><td><input type="checkbox"/> 10. Employee award/recognition event</td></tr></table>				<input type="checkbox"/> 1. Full cost of meal that is part of conference, etc.	<input type="checkbox"/> 6. Refreshments/meals for meeting of board, council, etc.	<input type="checkbox"/> 2. Registration/tuition for conference, seminar, etc.	<input type="checkbox"/> 7. Lodging for employee not in travel status	<input type="checkbox"/> 3. Refreshments for agency meeting where majority are not state employees	<input type="checkbox"/> 8. Expenses for employee's attendant	<input checked="" type="checkbox"/> 4. Refreshments, meals and other costs for agency sponsored conference	<input type="checkbox"/> 9. Expenses for State Fair work assignment	<input type="checkbox"/> 5. Refreshments/meals for agency meeting where majority are state employees	<input type="checkbox"/> 10. Employee award/recognition event
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Full title of the event sponsor (do not use acronyms or initials): MState Computer Programming and Information Technology Advisory Meeting													
Full title of the conference, workshop, seminar, meeting or other event: MState Computer Programming and Information Technology Advisory Meeting													
Event location (title and address of host facility): MState Moorhead Campus		Date(s) and time(s) of event: 9/29/2015 @ 6:30 pm											
<p>Individuals for whom special expense approval is requested (check all that apply):</p> <table border="0" style="width:100%"><tr><td><input type="checkbox"/> Requestor only</td><td><input type="checkbox"/> Other participants. List names, titles and organizations:</td></tr><tr><td><input checked="" type="checkbox"/> Additional state employees. List names and titles: Steve Erickson - Dean Deb Flaskerud - Instructor Dave Hjalmsquist - Instructor Randall Johnson - Instructor Tim Preuss - Instructor</td><td></td></tr></table>				<input type="checkbox"/> Requestor only	<input type="checkbox"/> Other participants. List names, titles and organizations:	<input checked="" type="checkbox"/> Additional state employees. List names and titles: Steve Erickson - Dean Deb Flaskerud - Instructor Dave Hjalmsquist - Instructor Randall Johnson - Instructor Tim Preuss - Instructor							
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Description of Expense Subway platter		Quantity 1	Unit Cost 66.26										
			Total 66.26										
TOTAL REQUESTED: \$66.26													
<p>Explain why the State should pay these expenses: This request provides light refreshments for the advisory meeting. It is a small thanks for the valuable information the group provides MState.</p>													
Requestor's Signature: 		Date: <u>10-2-2015</u>											
AGENCY APPROVAL													
<input type="checkbox"/> Approved for an amount not to exceed: \$ _____ <input type="checkbox"/> Not approved because: _____													
Signature: _____		Date: _____											

COMMISSIONER OF EMPLOYEE RELATIONS APPROVAL (if required)

☐ Approved for an amount not to exceed: \$ _____

☐ Not approved because: _____

Signature: _____ Date: _____