

TRAVEL SERVICES WAIVER FORM

DATE: _____ TR NUMBER: _____

TRAVELER'S NAME: _____

NINE DIGIT ID: _____

DATES OF TRAVEL: _____

ALTERNATIVE TRAVEL ARRANGEMENT APPROVAL REQUEST FOR:

- _____ Requesting authority to reimburse for rental vehicle with a cost greater than the intermediate size on state contract
- _____ Requesting authority to reimburse for rental vehicle not on current contract
- _____ Requesting authority to reimburse for a hotel other than the conference hotel
- _____ Requesting authority to reimburse travel arrangements not made through Travel Leaders (It is the use of public carrier that triggers the need for booking through Travel Leaders.)
- _____ Requesting authority to reimburse travel expenses greater than the least expensive cost comparison for airline tickets
- _____ Requesting authority to reimburse for other specific travel situations outside of policy (explanation required).

Please explain your request. Include any and all information which would prove that policy exception would be in the best interest of MSU and/or the approval of the waiver is necessary for some other reason. Failure to provide adequate information will be cause for delays. We must be able to determine the anticipated cost to MSU and any anticipated savings. You must include all applicable cost information (example: cost comparisons showing savings, conference hotel rate vs. actual rate paid, etc.).

This area is for TRAVEL SERVICES:

APPROVED: _____

DISAPPROVED: _____