Northland Community and Technical College Student Out of State Travel Authorization Form

| Itemized Estimate of Costs | | | | |
|---|-----------------------|-------------------------|--------|-------|
| AIRFARE: | \$ x | = | \$ | |
| | Round trip per persor | Number of people | | |
| LODGING: | \$ | x= | \$ | |
| | Per night per person | # of nights # of people | | |
| MEALS: | | x= | \$ | |
| | Per day per person | # of days # of people | | |
| REGISTRATION | \$ | x= | \$ | |
| FEE: | Per person | Number of people | | |
| MEETING MEAL | \$ | x | _ = \$ | |
| EXPENSE: | Per person | Number of people | | |
| OTHER (specify): | \$ | = | : \$ | |
| | Т | OTAL ESTIMATED COST = | = \$ | |
| | | | | |
| Justification: Explain in detail why trip expense is in best interest of MnSCU. | | | | |
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| | | | | |
| Advisor Signature | Print Nam | e Date | | Phone |
| - | | | | |
| | | | | |
| Supervisor | Print Nam | e Date | | Phone |
| | | | | |
| APPROVAL/AUTHORIZATION | | | | |
| | | | | |
| NCTC President | | Date | | |