

**Special Expense Request**  
**Prior Approval Required**

Please complete all applicable fields

Special expenses are expenses incurred in connection with work-related responsibilities or official functions not generally supported with public funds. Special expenses are further defined in MNSCU board procedure 5.20.1 found at [www.mnscu.edu/board/procedure/520p1.html](http://www.mnscu.edu/board/procedure/520p1.html). **Expenses That Will Not Be Approved:** Refreshments or meals for routine staff meetings; private club memberships; alcoholic beverages; entertainment; employee parties including holiday parties and weapons of any kind. Approval is required before any commitments are made or expenses incurred or payment/reimbursement may be denied.

Employee Name \_\_\_\_\_ Department \_\_\_\_\_ Phone# \_\_\_\_\_

Approval is requested for the following special expense: (check all that apply)	
<b>Meals/non-alcoholic refreshments:</b>	
<input type="checkbox"/> Meeting where majority are not state employees	<input type="checkbox"/> Registration/tuition fees over \$1,000 per participant
<input type="checkbox"/> Meeting where majority are state employees	<input type="checkbox"/> Employee award/recognition event
<input type="checkbox"/> Full cost of meal that is part of a conference (include conf. info)	<input type="checkbox"/> Job applicant
<input type="checkbox"/> MSUM sponsored conference (include agenda, or conf. info)	<input type="checkbox"/> Apparel (attach list of recipients)
<input type="checkbox"/> Meeting of board, council, etc.	<input type="checkbox"/> Gift Card/Gift Purchase: (include list of gift items being purchased) – <b>Reminder:</b> Complete a Gift Reconciliation Form, that includes each gift item/card purchased.

Full name of conference, meeting, organization, event, etc. \_\_\_\_\_

Location of event \_\_\_\_\_ Date (s) & Times of event \_\_\_\_\_

List State Employees (attach additional sheet if necessary) \_\_\_\_\_

List Non-State Employees \_\_\_\_\_

Will Students/Grad Assistants be attending?    Yes    No (if yes, attach list of students)

**Explain in detail the business purpose and how it benefits your unit/department (use additional sheet if necessary).**

Total requested amount not to exceed \_\_\_\_\_

**Funding source(s):**

Cost Center/Amount \_\_\_\_\_ Cost Center/Amount \_\_\_\_\_ Cost Center/Amount \_\_\_\_\_

**Payment Method**

**Estimated Amount    Description**

Purchase Order# \_\_\_\_\_

Purchasing Cardholder (name) \_\_\_\_\_

Expense Report (employee name) \_\_\_\_\_

On Campus Charge (vendor) \_\_\_\_\_

**Approvals**

I certify I have read the MNSCU board procedure 5.20.1 regarding special expenses and confirm the above expenses comply with this policy.

Requestor Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Budget Supervisor (if applicable) \_\_\_\_\_ Signature \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

MSUM VP/Dean/Director \_\_\_\_\_ Signature \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

**Karen Lester**

MSUM Comptroller \_\_\_\_\_ Signature \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Not Approved Because:

(For MSUM Comptroller)  
Approved for amount not to Exceed:  
\$

★ Requestor: please attach the approved special expense form when submitting documentation for payment or with your monthly purchasing card statement.