

IMSE Travel Authorization Instructions

Industrial and Manufacturing Systems Engineering (IMSE)
3004 Black Engineering Building
kategarr@iastate.edu; 515-294-0387

Please fill out the form below and return a completed, signed copy to Kate Garretson in 3004 Black at least 24 hours in advance of travel—one week is preferred.

You will receive a scanned PDF of the form via email after approval by the Chair to include with your expense report when you are ready to submit it in Workday or via a Procurement and Expense Specialist (PES) at **finance_delivery@iastate.edu**.

Additional Resources

Procurement Travel FAQ (has info regarding COVID-19)

<https://www.operationsfinance.iastate.edu/travel>

Travelers must register with the **Office of Risk Management** when traveling internationally

<https://isutransport.iastate.edu/>

Controller's Office Travel page (Information regarding foreign transportation, air transportation, surface transportation, lodging and meals, etc. – it's best for the traveler to check this page and plan accordingly) <http://www.controller.iastate.edu/travelinformation/homepage.htm>

Summary of Allowable Travel Expenses (Travelers should check this page before travel rather than after)

<http://www.controller.iastate.edu/travelinformation/allowableexpenses.htm>

Summary of Unallowable Travel Expenses (Travelers should check this page before travel rather than after)

<http://www.controller.iastate.edu/travelinformation/unallowableexpenses.htm>

Iowa State University of Science and Technology

IMSE Travel Authorization

Traveler _____ Date submitted _____

Date of Departure _____ Date of Return (Last Day of Travel) _____

Place or places to be visited with expected visiting dates:

**Justification of trip: (State fully--do not use initials for organizations)
(Why is it important – what is the benefit to the University)**

Course coverage during travel? Yes No Not teaching this semester
If yes, please complete chart below and indicate who will cover classes in your absence.

Date:	Class:	Instructor/Activity

Signature of Traveler

Travel expenses to be paid by: _____

Iowa State University Self Other (Name of other payer) _____

Indicate estimated expenses if expenses are to be paid solely or in part by University:

Registration Fee		Transportation		Type of Transportation
• P-card	\$ _____	• Contracted agent will charge ISU *	\$ _____	Car <input type="checkbox"/> University
• Reimbursable by travel expense voucher	\$ _____	• Reimbursable by travel expense Voucher	\$ _____	<input type="checkbox"/> Private
				<input type="checkbox"/> Rental Agency
				Aircraft <input type="checkbox"/> Commercial

Lodging and Meals

• Reimbursable by travel expense voucher \$ _____ • If traveling with ISU personnel, list names and person in charge:

Name of Account _____ Worktag(Acct.#) _____ Amount \$ _____

Name of Account _____ Worktag(Acct.#) _____ Amount \$ _____

Approved by
Department Chair
Date