Grant Special Expense Pre-Authorization Form

Travel, Meeting, Food, Beverage and Other Special Expenses

# Instructions

Expenses related to food, beverage, registration, meeting expenses and travel must be pre-approved before expenses are incurred for all Minnesota Department of Public Safety, division of Emergency Communication Networks (DPS-ECN) grants. Grantees should submit this completed form to ECN prior to incurring expenses to ensure that expenditures are appropriate and allowable under the scope of the grant. ECN will provide an approved form to the grantee, which should be kept in the grant file and submitted alongside the grantee’s request for reimbursement.

Grant expenses are paid on a reimbursement-basis only. Grantees should use their own travel policies as long as they do not exceed the current Commissioner’s Plan (Commissioner of Employee Relations for the State of Minnesota - see ‘resources’ section below). If your organization reimburses your employees at a higher per diem and/or mileage rate than stated in the Commissioner’s Plan, you may do so but will NOT be reimbursed the difference using grant funds and cannot apply the difference as match. In the absence of an established travel policy, grantees should use the Commissioner’s Plan.

**Email this completed form and any supporting documents to Rebeccah Roberts, ECN Grant Coordinator:** **Rebeccah.m.roberts@state.mn.us**

# Resources

ECN grant resources, including Grant Manual: <https://dps.mn.gov/divisions/ecn/grants/Pages/default.aspx>

Commissioner’s Plan: <https://mn.gov/mmb/employee-relations/labor-relations/labor/commissioners-plan.jsp>

# Requestor and Grant Information

Request date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requesting agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact phone/email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grant number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Budget line item: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Event Information

**Please provide a copy of the event agenda, event summary, course syllabus or other supporting documentation alongside this form.**

Event name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event sponsor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date(s) and time(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of attendees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Estimated Costs

Estimated costs include any of the items in the table below. Note that meals are only reimbursed provided grant-funded work occurs before and continues after the meal occurs, or for trips that involve an overnight stay. Additional costs may be included in this form and will be considered alongside supporting documentation. If additional space is needed, additional pages or a spreadsheet may be attached to this form.

| **Expense Description** | **Quantity** | **Unit Cost** | **Total** |
| --- | --- | --- | --- |
| Registration fee |  |  |  |
| Venue/room/booking fee |  |  |  |
| Lodging |  |  |  |
| Mileage |  |  |  |
| Cabs, rideshare and/or transit fees |  |  |  |
| Parking/tolls |  |  |  |
| Car rental |  |  |  |
| Airfare |  |  |  |
| Meals: Breakfast |  |  |  |
| Meals: Lunch |  |  |  |
| Meals: Dinner |  |  |  |
| Other expenses – Please describe:  |  |  |  |
| Other expenses – Please describe: |  |  |  |
| Other expenses – Please describe: |  |  |  |
| Other expenses – Please describe: |  |  |  |
| Other expenses – Please describe: |  |  |  |
| **Total Estimated Cost:** | **N/A** | **N/A** |  |

# ECN Review

\_\_\_ Approve \_\_\_\_ Deny

Travel is: \_\_\_\_\_\_ In-State \_\_\_\_\_\_ Out-of-State

Comments:

Approver: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approval date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_