

**Faculty Improvement Grant Proposed Budget
USE THIS FORM**

Applicant Name: _____

Location of Activity: _____
(city/state/country)

Departure date: _____ Return date: _____

Number of nights: _____ Number of days: _____

US dollars only	
Tuition (attach fee schedule)	\$
Registration fee (attach brochure)	\$
Entrance fee (attach documentation)	\$

Transportation (\$1500 maximum allowed) (documentation needed for each cost)	
Air, bus, or train price quote	\$
Airport shuttle/taxi	\$
State car*	\$
Personal vehicle or rental*	\$
Parking	\$
<i>*Use State of Minnesota guidelines to determine maximum allowed</i>	
Total transportation (\$1500 maximum)	\$

Meals (<u># of meals x rate* = total</u>)	
Breakfast _____ x _____	\$
Lunch _____ x _____	\$
Dinner _____ x _____	\$
<i>* State of Minnesota maximum allowed rate</i>	
Total Request for Meals	\$

Lodging (<u># of nights x rate</u>) (documentation needed)	
Nights _____ x _____	
Total Lodging	\$

Total Expenses \$ _____

Total FIG Request \$ _____

Signatures:

Applicant

Date

I have reviewed this application: Department Chair

Date

I have reviewed this application: Dean/Dir./Supervisor*

Date

If application is completed and the dates of the activity are prior to the FIG committee approval, an Employee Expense Report must be completed within the required 60-day period. See <https://www.mnsu.edu/busoff/travel/timely/index.html>