



Hennepin Technical CollegeSM

Request for Approval to Incur Special Expense

Name of Requestor:	Program/Department Name:		
Phone:	Date this form prepared:		
Approval is requested for the following (X all that apply):			
<input type="checkbox"/> Food Purchase		<input type="checkbox"/> Other Special Expense (specify):	
<input type="checkbox"/> Registration Fees (over \$1,000 per person)			
Event, meeting, organization, etc. (No acronyms, initials, etc.):			
Location of event (name and address of host facility):			
Date(s) and time(s) of event:			
Describe why the state should pay these expenses:			
Itemization of costs	Quantity	Unit Cost	Total
Cost Center:	Total Requested for Approval:		
For who is approval of special expense being requested?	<input type="checkbox"/> Approved for an amount not to exceed _____ <input type="checkbox"/> Not approved because:		
<input type="checkbox"/> Requestor only			
<input type="checkbox"/> Other State Employees (list names and titles)			
<input type="checkbox"/> Other participants (list):			
Requestor's Signature	Date		
x			
Dean/Supervisor's Signature	Date	Cabinet Member's Signature	Date
x		x	