

MISSISSIPPI UNIVERSITY FOR WOMEN
Travel Authorization and Reimbursement Form
Incident to Official Travel by MUW Employees

I. Travel Authorization

MUW ID No. _____ Name of Traveler _____
 Address _____
 Department and/or Office _____
 Dates of Travel as itemized hereon ____ / ____ / ____ to ____ / ____ / ____
 Destination _____
 Purpose of Travel _____

(Reference to organizations must show full name - no acronyms or abbreviations.)

THIS MUST BE COMPLETED PRIOR TO TRAVELING (See Section X on back for Estimated Costs Worksheet)

Requested by (Traveler): _____ Estimated Costs: \$ _____

Are you requesting a Cash Advance? ____ Yes or ____ No If so, how much \$ _____ Organization # _____

Approved by: _____ Date : _____
 Signature (Budget Manager or Budget Manager's Direct Supervisor)

When requesting a Cash Advance, please keep the original and send a copy of this voucher to Comptroller's Office. When requesting reimbursement for actual expenses after traveling, please keep a copy of this voucher and send the original, with supporting documentation, to Comptroller's Office.

II. Travel Reimbursement

I received a cash advance of \$ _____ on ____ / ____ / ____

To be Completed by Traveler		
Line No.	Amount Claimed for Travel	Amount
1.	Subsistence	
2.	Travel by Private Auto	
3.	Travel by Rental Vehicle	
4.	Travel by Public Carrier	
5.	Registration Fee	
6.	Other Travel Costs	
	Total Travel Costs	
	Advance Received	
	Net Reimbursement	

For Comptroller Use Only			
Amount Approved for Payment			
Fund	Organization	Account	Amount
		Total Travel Costs	
		Amt Owed Traveler	

PENALTY FOR FRAUDULENT CLAIM - fine of not more than \$250: civilly liable for full amount received illegally; removal from office or position held (Section 25-1-81 and 25-1-91, MS Code Ann. (1972).)

Subject to any differences determined by verification, I certify that the above amount claimed by me for travel expenses for the period indicated is true and just in all respects, and that payment for any part has not been received, except for the advance noted above.

Date ____ / ____ / ____ Signature of Traveler _____

III. Approval for Payment

This must be completed before submitting to Comptroller's Office.

Signature of Budget Manager (or Budget Manager's Direct Supervisor)* _____

Date _____

*Signing above represents that I have checked this voucher for accuracy.

Fund	Organization	Amount

COMPTROLLER OFFICE ACTION

Audited by _____ Date _____
 Cashier _____ Amount owed on advance _____

Total check to traveler \$ _____