

# Mississippi University for Women

Travel Authorization and Reimbursement

## I. AUTHORIZATION TO TRAVEL

MUW ID No. \_\_\_\_\_ Name of Traveler \_\_\_\_\_

Address \_\_\_\_\_ Department / Office \_\_\_\_\_

Dates of Travel \_\_\_\_\_ City & State of Travel \_\_\_\_\_

Purpose of Travel \_\_\_\_\_

City and State format is required

NO Acronyms or Abbreviations – List name of school where recruiting

Are you requesting a Cash Advance?  Yes  No How much? \_\_\_\_\_ Organization# \_\_\_\_\_

Required

Requested by (Traveler): \_\_\_\_\_ Estimated Costs for trip \$ \_\_\_\_\_

Worksheet on back

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Signature (Budget Manager or Budget Manager's Direct Supervisor)

Please keep your original cash advance paperwork to complete when you return from your trip.  
Send in a copy of the approved travel form and supporting documents to University Accounting for reimbursement (W-1604)

Please check if using P Card or Travel Card:  P Card  Travel Card

\*make separate copy of travel form for P Card and Travel Card statements\*

## II. REIMBRUSEMENT

I received a cash of advance of \$ \_\_\_\_\_ on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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

University Accounting 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.

Signature of Traveler \_\_\_\_\_ Date \_\_\_\_\_

## III. APPROVAL FOR PAYMENT

This must be completed before submitting to University Accounting.

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

## IV. UNIVERSITY ACCOUNTING OFFICE ACTION

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

Total check to traveler \$ \_\_\_\_\_

Revised 09/24/2024

Line No. 1 - SUBSISTENCE (MEALS & HOTEL EXPENSE)												
Date mm / dd	Day of Week	Actual Breakfast Total	Correction	Actual Lunch Total	Correction	Actual Dinner Total	Correction	Actual Cost of Meals	Correction	Daily Meal Per Diem Rate	Hotel Room Cost per night	Daily Total
Total												

Line No. 2 - TRAVEL BY PRIVATE AUTO			
Date	From	To	Miles Traveled
Total Miles Traveled			

\_\_\_\_\_ x \_\_\_\_\_ = \$ \_\_\_\_\_  
 Total miles traveled    cents per mile

Line No. 3 - TRAVEL BY RENTAL VEHICLE			
Date	From	To	Amount
Travel by Rental Vehicle			

**NEW RENTAL VEHICLE POLICY**  
 Contact Sarah or University Accounting for  
 Rental Vehicle Link and Billing Account Code

662-329-7145 or 662-329-7210

Line No. 6 - OTHER AUTHORIZED EXPENSES		
Date	Items	Amount
Total Other Expenses		

Line No. 4 - TRAVEL BY PUBLIC CARRIER						
Date	From	To	Air	Bus	Rail	Total
Total Travel by Public Carrier						

Line No. 5 - REGISTRATION FEES		
Date	Description	Amount
Total Registration Fees		

- Audit List:
- \_\_\_ 3 signatures on front
  - \_\_\_ Proof of attendance
  - \_\_\_ Receipts for items over \$10
  - \_\_\_ List of students that attended the trip if applicable (receipts required)
  - \_\_\_ Accounting information provided in III Approval table
  - \_\_\_ Flight Comparison
  - \_\_\_ Worksheet completed

WORKSHEET FOR ESTIMATED COSTS	ESTIMATED COSTS
Airfare \$ _____	\$ _____
Meals ( _____ days @ \$ _____ /day)	\$ _____
Lodging ( _____ days @ \$ _____ /day)	\$ _____
Registration Fee \$ _____	\$ _____
Rental Car ( _____ days @ \$ _____ /day)	\$ _____
Personal Vehicle @ \$0.21 per mile (2024 rate)	\$ _____
Total Travel Costs	\$ _____