

Mississippi University for Women

Travel Authorization and Reimbursement

Print Form

I. AUTHORIZATION TO TRAVEL

MUW ID No. _____ Name of Traveler _____

Address _____

Department / Office _____

Dates of Travel _____ / _____ / _____ to _____ / _____ / _____

City & State of Travel _____
City and State format is required

Purpose of Travel _____
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.

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. REIMBURSEMENT

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 _____ Receipt # _____

Amount owed on advance _____

Total reimbursement \$ _____

Line No. 1 - SUBSISTENCE (MEALS & HOTEL EXPENSE)												
Date mm / dd	Day of Week	Actual Breakfast Total Amount	Correction	Actual Lunch Total Amount	Correction	Actual Dinner Total Amount	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 (2025 rate)	\$ _____
Total Travel Costs	\$ _____