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 $_____

Revised 04/01/2008

IV. SUBSISTENCE

Date Mo/Day	Day of Week	Actual Breakfast	Actual Lunch	Actual Dinner	Actual Total Meals	Total Allowed Meals	Hotel Room Cost per night	Daily Total
Total								

(Line 1)

V. TRAVEL BY PRIVATE AUTO

Date	From To	Miles Traveled
	Total Miles Traveled	

_____ x _____ = $_____

Total miles traveled cents per mile

(Line 2)

VI. TRAVEL BY RENTAL VEHICLE

Date	From To	Amount
	Travel by Rental Vehicle	

(Line 3)

VII. OTHER AUTHORIZED EXPENSES

Date	Items	Amount
	Total Other Expenses	

(Line 6)

VIII. TRAVEL BY PUBLIC CARRIER

Date	From To	Air	Bus	Rail	Total
	Total Travel by Public Carrier				

(Line 4)

IX. REGISTRATION FEES

Date	Description	Amount
	Total Registration Fees	

(Line 5)

X. WORKSHEET FOR ESTIMATED COSTS

	ESTIMATED COSTS
Airfare	$
Meals (_____ Days @ $_____/Day)	$
Lodging (_____ Days @ $_____/Day)	$
Registration Fee	$
Rental Car (_____Days @ $ _____/Day)	$
Other:_____	$
_____	$
_____	$
Total Extimated Costs	$

Please refer to the "MUW Travel Policies and Procedures Manual" and the "State Travel Information Booklet" in order to complete this voucher correctly. If you have any questions after referring to these guides, please call the Comptroller's Office.

Each individual is responsible for his/her own travel voucher. This voucher will be returned to the traveler if submitted incorrectly.