Revised 04/10/2024

## Mississippi University for Women

Cashier\_\_\_\_\_Amount owed on advance\_

Indicate how this trip is paid P card \_\_\_\_\_

| ravel Auth                                                                    | orization and Reimbursement                                                          |                                         |                                            |                                     | l Card            |                        |                      |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------|-------------------------------------|-------------------|------------------------|----------------------|
| <u>. AUTHORIZATION TO TRAVEL</u>                                              |                                                                                      |                                         |                                            | Perso                               | nal Reiml         | bursement              |                      |
| MUW ID No                                                                     |                                                                                      |                                         | me of Traveler_                            |                                     |                   |                        |                      |
| Address_                                                                      |                                                                                      |                                         |                                            |                                     |                   |                        |                      |
| Departm                                                                       | ent or Office                                                                        |                                         | Bu                                         | dget Organiza                       | ation No          |                        |                      |
| Dates of '                                                                    | Гravel                                                                               |                                         | to                                         |                                     |                   |                        |                      |
|                                                                               | e of Travel                                                                          |                                         |                                            |                                     |                   |                        |                      |
|                                                                               | of Travel                                                                            |                                         |                                            |                                     |                   |                        |                      |
| i urpose (                                                                    | or rruver                                                                            |                                         |                                            |                                     |                   |                        |                      |
|                                                                               | NO Acrony                                                                            | yms or Abbrev                           | iations – List nan                         | ne of school wh                     | iere recru        | uiting                 |                      |
|                                                                               | THIS MUST BE COMPL                                                                   | ETED PRIOR                              | TO TRAVELING                               | G (See Section X or                 | n back for Es     | stimated Costs Workshe | et)                  |
| Reques                                                                        | sted by (Traveler):                                                                  |                                         |                                            | Estimated Cos                       | sts: \$           |                        |                      |
| Are you                                                                       | u requesting a Cash Advance?                                                         | _YesNo                                  | How much? \$                               |                                     | _Organiz          | ation#                 |                      |
| Approv                                                                        | ved by:                                                                              |                                         |                                            | Da                                  | ate:              |                        | <u> </u>             |
|                                                                               | Signature (Budg                                                                      | get Manager or B                        | Budget Manager's D                         | irect Supervisor                    | )                 |                        |                      |
|                                                                               | Please keep copy of y<br>Send in the original approved travel                        |                                         |                                            |                                     |                   |                        | 1604)                |
|                                                                               |                                                                                      | - Torin and suppo                       | Ting documents to                          | - Oniversity Acco                   | Junung 101        | Tellibursement (vv-    |                      |
| . REIME                                                                       | <u>BRUSEMENT</u><br>I received a cash of adv                                         | ance of ¢                               | 0                                          | n                                   |                   |                        |                      |
|                                                                               | Treceived a cash of adv                                                              | ance of \$                              |                                            |                                     |                   |                        |                      |
| T                                                                             | To be Completed by Traveler University Accounting Use Only                           |                                         |                                            |                                     |                   | у                      |                      |
| Line No.                                                                      | Amount Claimed for Travel                                                            | Amount                                  |                                            | Amount Approved for Payment         |                   |                        |                      |
| 1.                                                                            | Subsistence (hotel   meals)                                                          |                                         | Fund                                       | Organization                        | A                 | ccount                 | Amount               |
| 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                                                                     |                                         |                                            | Total                               | Travel Cos        | sts                    |                      |
|                                                                               | Net Reimbursement                                                                    |                                         |                                            | Amt C                               | wed Trav          | eler                   |                      |
| Section 25                                                                    | FOR FRAUDULENT CLAIM – fine of not m<br>-1-81 and 25-1-91, MS code Ann. (1972)       | ).)                                     |                                            |                                     |                   |                        |                      |
| Subject to a<br>n all respe                                                   | any differences determined by verification cts, and that payment for any part has no | n, I certify that t<br>ot been received | the above amount c<br>, except for the adv | laimed by me for<br>ance noted abov | r travel ex<br>e. | penses, for the period | l indicated, is true |
| Signature                                                                     | of Traveler                                                                          |                                         |                                            |                                     | Date              |                        |                      |
|                                                                               |                                                                                      |                                         |                                            |                                     | *Tal-1            | holor:                 | filled:*             |
| III. APPROVAL FOR PAYMENT This must be completed before submitting to Univers |                                                                                      |                                         | v Accounting                               |                                     |                   | below must be          |                      |
|                                                                               |                                                                                      |                                         | ,                                          | -                                   | Fund              | Organization           | Amount               |
| Signature o                                                                   | f Budget Manager (or Budget Manager's                                                | Direct Supervis                         | or)                                        | -                                   |                   |                        | <u> </u>             |
| <u> </u>                                                                      |                                                                                      |                                         | -                                          | -                                   |                   |                        |                      |
| Date                                                                          |                                                                                      |                                         |                                            |                                     |                   |                        | 1                    |
| *Signing ab                                                                   | ove represents that I have checked this                                              | voucher for accu                        | ıracy.                                     |                                     |                   |                        |                      |
| V. UNIV                                                                       | ERSITY ACCOUNTING OF                                                                 | FICE ACTION                             | ON                                         |                                     |                   |                        |                      |
|                                                                               |                                                                                      |                                         | <del></del>                                | 7                                   |                   | _                      |                      |
| Andita                                                                        | d by Data                                                                            |                                         |                                            | I Total o                           | heck to t         | raveler \$             |                      |

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

| Line No. 2 - TRAVEL BY PRIVATE AUTO |                 |                |                |  |
|-------------------------------------|-----------------|----------------|----------------|--|
| Date                                | From            | To             | Miles Traveled |  |
|                                     |                 |                |                |  |
|                                     |                 |                |                |  |
|                                     |                 |                |                |  |
|                                     |                 |                |                |  |
|                                     |                 |                |                |  |
|                                     |                 |                |                |  |
|                                     |                 |                |                |  |
|                                     |                 |                |                |  |
|                                     |                 |                |                |  |
|                                     |                 |                |                |  |
|                                     | Total           | Miles Traveled |                |  |
|                                     | x               | = \$ <u></u>   |                |  |
| Total miles                         | s traveled cent | ts per mile    |                |  |

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

- NEW RENTAL VEHICLE POLICY
  MUST complete Rental Vehicle Form before reserving vehicle
  Upon rental form approval, must book rental 2 weeks before trip using MUW link
  Contact University Accounting for form and link

| Line No. 6 - 0 | OTHER AUTHOR       | RIZED EXPENSES |
|----------------|--------------------|----------------|
| Date           | Items              | Amount         |
|                |                    |                |
|                |                    |                |
|                |                    |                |
|                |                    |                |
|                |                    |                |
|                |                    |                |
|                |                    |                |
|                |                    |                |
|                |                    |                |
|                |                    |                |
|                |                    |                |
| То             | tal Other Expenses |                |

| Line No. 4 · | <ul> <li>TRAVEL BY</li> </ul> | Y PUBLIC CAF | RRIER |              |                   |       |
|--------------|-------------------------------|--------------|-------|--------------|-------------------|-------|
| Date         | From                          | То           | Air   | Bus          | Rail              | Total |
|              |                               |              |       |              |                   |       |
|              |                               |              |       |              |                   |       |
|              |                               |              |       |              |                   |       |
|              |                               |              |       | Total Travel | by Bublic Carrior |       |

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

| X. WORKSHEET FOR ESTIMATED COSTS | ESTIMATED COSTS |
|----------------------------------|-----------------|
| Airfare \$                       | \$              |
| Meals (days @ \$/day)            | \$              |
| Lodging (days @ \$/day)          | \$              |
| Registration Fee \$              | \$              |
| Rental Car (days @ \$/day)       | \$              |
| Other:                           | \$              |
|                                  | \$              |
|                                  | \$              |
| Total Estimated Costs            | \$              |

| Do yo | ou have the following?                                                                                                                                 |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
|       | 3 signatures on front Proof of attendance Receipts for items over \$10 Student list if student(s) went Accounting information provided in III Approval |

\_\_\_ Rental Form | Flight Comparison

Revised 4/10/24