## Mississippi University for Women

| Indicate how this trip is paid |  |
|--------------------------------|--|
| P card                         |  |
| Travel Card                    |  |
| Personal Reimbursement         |  |

| Travel Auth  | norization and Reimbursement   |                                  |                        |                                  |                        | Travel Ca                 |                     |                |            |                   |        |
|--|--|----------------------------------|------------------------|----------------------------------|------------------------|---------------------------|---------------------|----------------|------------|-------------------|--------|
| I. AUTHO   | ORIZATION TO TRAVEL  |                                  |                        |                                  |                        | Personal                  | Reimbu              | ırsement       |            |                   |        |
| MUW ID   | No   |                                  | Name                   | of Traveler_                     |                        |                           |                     |                |            |                   |        |
| Address_   |  |                                  |                        |                                  |                        |                           |                     |                |            |                   |        |
| Departm  | ent or Office  |                                  |                        | Bu                               | dget Or                | ganizatio                 | on No.              |                |            |                   |        |
| Dates of   | Travel/  |                                  | /                      |                                  | го                     |                           | /_                  |                | /          | /                 |        |
| City/Stat  | e of Travel  |                                  |                        |                                  |                        |                           |                     |                |            |                   |        |
|  | of Travel  |                                  |                        |                                  |                        |                           |                     |                |            |                   |        |
|  |  |                                  |                        |                                  |                        |                           |                     |                |            |                   |        |
|  | NO Acrony  | yms or Abb                       | reviatio               | ons – List nan                   | ne of sch              | ool where                 | e recruit           | ting           |            |                   |        |
|  | THIS MUST BE COMPL   | ETED PRI                         | IOR TO                 | TRAVELING                        | G (See Sec             | tion X on ba              | ck for Esti         | mated Costs W  | /orksheet] | )                 |        |
| Reques   | sted by (Traveler):  |                                  |                        |                                  | Estimat                | ted Costs:                | \$                  |                |            | _                 |        |
| Are yo   | u requesting a Cash Advance?   | Yes                              | _No I                  | How much? \$                     |                        | 01                        | rganizat            | ion#           |            | _                 |        |
| Approv   | ved by:  |                                  |                        |                                  |                        |                           |                     |                |            | <del>-</del>      |        |
|  | Signature (Budg  | 0                                | Ü                      | · ·                              | •                      | ,                         | Date                |                |            |                   |        |
|  | Please keep copy of y<br>Send in the original approved trave                         |                                  |                        |                                  |                        |                           |                     |                | nt (W-16   | 504)              |        |
| II REIMI   | BRUSEMENT  |                                  |                        |                                  |                        |                           |                     |                |            |                   | ===    |
|  | I received a cash of adv   | ance of \$                       |                        | on                               |                        | /_                        |                     | /              |            |                   |        |
| Т  | o be Completed by Travele  | er                               |                        |                                  | Univ                   | ersity A                  | Accour              | nting Use      | Only       |                   |        |
| Line No.   | Amount Claimed for Travel  | Amount                           |                        |                                  |                        |                           |                     | d for Paym     |            |                   | 1      |
| 1.   | Subsistence (hotel   meals)  |                                  |                        | Fund                             | Organ                  | ization                   | tion Account        |                |            | 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 Costs  |                                  |                        |                                  |                        |                           | 3                   |                |            |                   |        |
| Net Reimbursement Amt Own  |  |                                  |                        |                                  |                        |                           | Owed Traveler       |                |            |                   |        |
| PENALTY F  | FOR FRAUDULENT CLAIM – fine of not m   | nore than \$2                    | 50: civill             | y liable for full                | amount 1               | received ille             | egally; re          | emoval from    | office or  | position held     |        |
| (Section 25  | -1-81 and 25-1-91, MS code Ann. (1972)   | ).)                              |                        |                                  |                        |                           |                     |                |            |                   |        |
| Subject to a in all respe  | any differences determined by verification cts, and that payment for any part has no | on, I certify to<br>ot been rece | hat the a<br>ived, exc | bove amount c<br>ept for the adv | laimed by<br>ance note | y me for tra<br>ed above. | avel expe           | enses, for the | period i   | ndicated, is true | and ju |
| Signature  | of Traveler  |                                  |                        |                                  |                        | Da                        | ate                 |                |            |                   |        |
| III. APPRO   | OVAL FOR PAYMENT   |                                  |                        |                                  |                        | *7                        | Table h             | elow mu        | st be f    | <br>illed in*     |        |
| This must be completed before submitting to University Accounting. |  |                                  |                        |                                  | Fur                    |                           | Organization Amount |                |            | $\exists$         |        |
|  |  |                                  |                        |                                  |                        | 1 41                      | iiu                 | Organizat      | .1011      | - Innounc         |        |
| Signature o  | of Budget Manager (or Budget Manager's   | Direct Supe                      | rvisor)                |                                  |                        |                           |                     |                |            |                   | 1      |
|  |  |                                  |                        |                                  |                        |                           |                     |                |            |                   |        |
| Date<br>*Signing ab  | ove represents that I have checked this  | voucher for                      | accuracy               | 7.                               |                        |                           | I                   |                |            | -                 | _      |
|  | ERSITY ACCOUNTING OF   | EICE AC                          | ידו וו                 |                                  |                        |                           |                     |                |            |                   |        |
| IV. UINIV  | LIGHT I ACCOUNTING UP  | TIGE AC                          | 11011                  | -                                | 7                      |                           |                     |                |            |                   |        |
|  | d by Date  |                                  |                        |                                  |                        | Total ched                | ck to tra           | veler          | \$         |                   | 4      |
| Lasnie   | rAmount owed   | on advar                         | ice                    |                                  | 1                      |                           |                     |                | Re         | evised 04/10/2024 | 4      |

\_\_ Accounting information provided in III Approval

Rental Form | Flight Comparison

Revised 4/10/24