Mississippi University for Women
Travel Authorization and Reimbursement
I. AUTHORIZATION TO TRAVEL

MUW ID No. $\qquad$ Name of Traveler

Address
Department or Office $\qquad$ Budget Organization No. $\qquad$
Dates of Travel $\qquad$ / _ TO $\qquad$ / _ City/State of Travel $\qquad$
Purpose of Travel $\qquad$

NO Acronyms or Abbreviations - List name of school where recruiting

## THIS MUST BE COMPLETED PRIOR TO TRAVELING (See Section X on back for Estimated Costs Worksheet)

Requested by (Traveler): $\qquad$ Estimated Costs: \$
Are you requesting a Cash Advance? $\square$ Yes $\square$ No How much? \$ Organization\#_ Approved by: $\qquad$ Signature (Budget Manager or Budget Manager's Direct Supervisor)
Please keep copy of your cash advance paperwork to complete when you return from your trip. Send in the original approved travel form and supporting documents to University Accounting for reimbursement (W-1604)

## II. REIMBRUSEMENT

I received a cash of advance of $\$$ $\qquad$ on $\qquad$ /___/ /

| 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 |  |
|  | Other Travel Costs |  |
|  | Total Travel Costs |  |
|  | Advance Received |  |
|  |  |  |
|  | Net Reimbursement |  |


| University Accounting Use Only |  |  |  |
| :---: | :---: | :---: | :---: |
| Amount Approved for Payment |  |  |  |
| Fund | Organization | Account | Amount |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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 $\qquad$ Date $\qquad$

## III. APPROVAL FOR PAYMENT

This must be completed before submitting to University Accounting.

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

## Date

*Table below must be filled in*

| Fund | Organization | Amount |
| :---: | :---: | :---: |
|  |  |  |
|  |  |  |
|  |  |  |

*Signing above represents that I have checked this voucher for accuracy.

## IV. UNIVERSITY ACCOUNTING OFFICE ACTION

Audited by Date Total check to traveler
\$ Revised 04/10/2024


Total miles traveled cents per mile
Contact University Accounting for form and link

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


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

Line No. 5 - REGISTRATION FEES

| Date | Description | Amount |
| :---: | :---: | :---: |
|  |  |  |
|  |  |  |
|  |  |  |
| Total Registration Fees |  |  |
|  |  |  |

Do you have the following?

