

**Mississippi University for Women**  
**Official Online Conference Attendance by MUW Employees**  
**VIRTUAL ATTENDANCE AUTHORIZATION FORM**  
**Section I Conference Authorization**

MUW ID Number (950) _____	Name _____
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Address _____	Department _____
Date(s) of conference or virtual content _____ / _____ / _____ to _____ / _____ / _____	

Conference Attending (Reference to organization must show full name - NO ACRONYMS OR ABBREVIATIONS)

Estimated Cost of Conference _____	Organization's Budget Code (6 digit) _____
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Budget Manager's approval to attend _____	Date _____
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**To Be Completed By Attendee**

Registration Fee _____	
Other Conference Fees _____	Organization's Budget Code (6 digit) _____
Total Cost _____	
Net Reimbursement _____	
Signature of Attendee _____	Date _____

I CERTIFY THAT THE ABOVE AMOUNT CLAIMED BY ME FOR COVID VIRTUAL CONFERENCE EXPENCES, FOR THE PERIOD INDICATED IS TRUE AND JUST IN ALL RESPECTS. THE PAYMENT FOR ANY PART HAS NOT BEEN RECEIVED.

PENALTY FOR FRAUDULENT CLAIM (Section 25-1-81 and 25-1-91, MS Code Ann. (1972)). Fine of not more than \$250; civilly liable for amount received illegally; removed from office or position held.

**Approval for Payment**

*Must be completed and signed before submitting to University Accounting*

Fund	Organization	Amount

Budget Manager's (Direct Supervisor) Signature of Approval _____	Date _____
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**Accounting Use Only**

All signatures _____				
Conference documentation _____				
Proof-of-attendance _____				
Budget code provided _____				
Payment receipt _____				

Travel Auditor / Date _____	Approved Reimbursement to Attendee _____
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