Print Form

# Mississippi University for Women

Travel Authorization and Reimbursement

## I. AUTHORIZATION TO TRAVEL

MUW ID No._____ Name of Traveler_____

Address_____

Department / Office_____

Dates of Travel _____ / _____ / _____ to _____ / _____ / _____

City & State of Travel_____
City and State format is required

Purpose of Travel _____
NO Acronyms or Abbreviations – List name of school where recruiting

Are you requesting a Cash Advance? __ __Yes __ __No How much? _____ Organization#_____
Required

Requested by (Traveler):_____ Estimated Costs for trip $_____
Worksheet on back

Approved by:_____ Date:_____
Signature (Budget Manager or Budget Manager's Direct Supervisor)

Please keep your original cash advance paperwork to complete when you return from your trip.

Check if using P Card or Travel Card: _____ P Card _____ Travel Card
*make separate copy of travel form for P Card and Travel Card statements*

## II. REIMBURSEMENT

I received a cash of advance of $ _____on _____/_____/_____

| 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 | |
| 6. | Other Travel Costs | |
| | Total Travel Costs | |
| | Advance Received | |
| | Net Reimbursement | |

| University Accounting 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.

Signature of Traveler_____ Date _____

## III. APPROVAL FOR PAYMENT

This must be completed before submitting to University Accounting.

_____
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 |
|---|---|---|
| | | |
| | | |
| | | |

## IV. UNIVERSITY ACCOUNTING OFFICE ACTION

Audited by _____ Date _____

Cashier_____ Receipt # _____

Amount owed on advance _____

Total reimbursement $ _____

2025 Update

## Line No. 1 - SUBSISTENCE (MEALS & HOTEL EXPENSE)

| Date mm / dd | Day of Week | Actual Breakfast Total Amount | Correction | Actual Lunch Total Amount | Correction | Actual Dinner Total Amount | Correction | Actual Cost of Meals | Correction | Daily Meal Per Diem Rate | Hotel Room Cost per night | Daily Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| Total | | | | | | | | | | | | |

## Line No. 2 - TRAVEL BY PRIVATE AUTO

| Date | From | To | Miles Traveled |
|---|---|---|---|
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| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | Total Miles Traveled | |

_____ x_____ = $_____

Total miles traveled cents per mile

## Line No. 3 - TRAVEL BY RENTAL VEHICLE

| Date | From | To | Amount |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | Travel by Rental Vehicle | |

## NEW RENTAL VEHICLE POLICY

Contact Sarah or University Accounting for Rental Vehicle Link and Billing Account Code

662-329-7145 or 662-329-7210

## Line No. 6 - OTHER AUTHORIZED EXPENSES

| Date | Items | Amount |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | Total Other Expenses | |

## Line No. 4 - TRAVEL BY PUBLIC CARRIER

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

## Line No. 5 - REGISTRATION FEES

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

Audit List:
___ 3 signatures on front
___ Proof of attendance
___ Receipts for items over $10
___ List of students that attended the trip if applicable (receipts required)
___ Accounting information provided in III Approval table
___ Flight Comparison
___ Worksheet completed

| WORKSHEET FOR ESTIMATED COSTS | ESTIMATED COSTS |
|---|---|
| Airfare $ _____ | $ |
| Meals (_____days @ $ _____/day) | $ |
| Lodging (_____days @ $ _____/day) | $ |
| Registration Fee $ _____ | $ |
| Rental Car (_____days @ $ _____/day) | $ |
| Personal Vehicle @ $0.235 per mile (2026 rate) | $ |
| Total Travel Costs | $ |