

Mississippi University for Women
 Official Online Conference Attendance by MUW Employees
 Virtual Attendance Authorization Form

Conference Authorization

MUW ID Number (950)	Name
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)
Budget Manager's approval to attend	Date

To Be Completed By Attendee

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

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

	Fund	Organization	Account	Amount
_____ All signatures				
_____ Conference documentation				
_____ Proof-of-attendance				
_____ Budget code provided				
_____ Payment receipt				

Travel Auditor / Date	Approved Reimbursement to Attendee
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