



MISSISSIPPI UNIVERSITY FOR WOMEN
OFFICIAL ONLINE CONFERENCE ATTENDANCE BY MUW EMPLOYEES



COVID VIRTUAL ATTENDANCE AUTHORIZATION FORM

SECTION 1 CONFERENCE AUTHORIZATION

Employee's MUW ID No (950) _____

Name of Attendee _____

Address _____

Department _____

Date (s) of conference or virtual content ____ / ____ / ____ to ____ / ____ / ____

Purpose of conference attendance (Reference to organization must show full name - NO ACRONYMS OR ABBREVIATIONS) _____

DEPARTMENTAL PRE APPROVAL TO ATTEND ONLINE CONFERENCE

Estimated cost \$ _____

Organization _____

Budget Manager _____

Date _____

Supervising Cabinet Member _____

Date _____

SECTION 2 REIMBURSEMENT

TO BE COMPLETED BY CONFERENCE ATTENDEE	
Conference Registration Fee	_____
Other Fees associated w/ Conference	_____
Total Conference Cost	_____
Net Reimbursement	_____

COMPTROLLER USE ONLY			
Fund	Organization	Account	Amount
Amount owed to Attendee			

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

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

Signature of Attendee _____

Date _____

Virtual conference proof-of-attendance REQUIRED FOR REIMBURSEMENT

SECTION 3 APPROVAL FOR PAYMENT

MUST BE COMPLETED AND SIGNED BEFORE SUBMITTING TO UNIVERSITY ACCOUNTING

Budget Manager _____

Date _____

FUND	ORGANIZATION	AMOUNT

UNIVERSITY ACCOUNTING OFFICE USE ONLY

Fund	Org	Account	Amount

- _____ All signatures provided
- _____ All sections completed and legible
- _____ Provided conference documentation
- _____ Proof-of-attendance provided
- _____ Accounting information provided

Travel Auditor _____

Date _____

Approved reimbursement to traveler _____