

MISSISSIPPI UNIVERSITY FOR WOMEN
 Travel Authorization and Reimbursement Form
 Incident to Official Travel by MUW Employees

I. Travel Authorization

MUW ID No. _____ Name of Traveler _____
 Address _____
 Department and/or Office _____
 Dates of Travel as Itemized hereon ____/____/____ to ____/____/____
 City/State of Travel _____
 Purpose of Travel _____

(Reference to organizations must show full name – no acronyms or abbreviations.)

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

Requested by (Traveler): _____ Estimated Costs: \$ _____

Are you requesting a Cash Advance? ____ Yes or ____ No If so, how much? \$ _____ Organization# _____

Approved by: _____ Date: _____

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

When requesting a Cash Advance, please keep the original and send a copy of this voucher to University Accounting. When requesting reimbursement for actual expenses after traveling, please keep a copy of this voucher and send the original, with supporting documentation, to University Accounting.

II. Travel Reimbursement

I received a cash of advance of \$ _____ on ____/____/____

| To be Completed by Traveler | | |
|-----------------------------|---------------------------|--------|
| Line No. | Amount Claimed for Travel | Amount |
| 1. | Subsistence | |
| 2. | Travel by Private Auto | |
| 3. | Travel by Rental Vehicle | |
| 4. | Travel by Public Carrier | |
| 5. | Registration Fee | |
| 6. | Other Travel Costs | |
| | Total Travel Costs | |
| | Advance Received | |
| | Net Reimbursement | |

| For Comptroller 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.

Date ____/____/____ Signature of Traveler _____

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 |
|------|--------------|--------|
| | | |
| | | |
| | | |

UNIVERSITY ACCOUNTING OFFICE ACTION

Audited by _____ Date _____
 Cashier _____ Amount owed on advance _____

Total check to traveler \$ _____

| IV. SUBSISTENCE | | | | | | | | | | | | |
|-----------------|-------------|------------------|---------------------|--------------|---------------------|---------------|---------------------|--------------------|---------------------|---------------------|---------------------------|-------------|
| Date Mo/Day | Day of Week | Actual Breakfast | Correction (if any) | Actual Lunch | Correction (if any) | Actual Dinner | Correction (if any) | Actual Total Meals | Correction (if any) | Total Allowed Meals | Hotel Room Cost per night | Daily Total |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| Total | | | | | | | | | | | | |

(Line 1)

| V. TRAVEL BY PRIVATE AUTO | | | |
|---------------------------|------|----|----------------|
| Date | From | To | Miles Traveled |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total Miles Traveled | | | |

(Line 2)

_____ x _____ = \$ _____
 Total miles traveled cents per mile

| VI. TRAVEL BY RENTAL VEHICLE | | | |
|------------------------------|------|----|--------|
| Date | From | To | Amount |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Travel by Rental Vehicle | | | |

(Line 3)

Please refer to the "MUW Travel Policies and Procedures Manual" and the "State Travel Information Booklet" in order to complete this voucher correctly. If you have any questions after referring to these guides, please call the University Accounting Office. Each individual is responsible for his/her own travel voucher. This voucher will be returned to the traveler, if submitted incorrectly.

| VII. OTHER AUTHORIZED EXPENSES | | |
|--------------------------------|-------|--------|
| Date | Items | Amount |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total Other Expenses | | |

(Line 6)

| VIII. TRAVEL BY PUBLIC CARRIER | | | | | | |
|--------------------------------|------|----|-----|-----|------|-------|
| Date | From | To | Air | Bus | Rail | Total |
| | | | | | | |
| | | | | | | |
| Total Travel by Public Carrier | | | | | | |

(Line 4)

| IX. REGISTRATION FEES | | |
|-------------------------|-------------|--------|
| Date | Description | Amount |
| | | |
| | | |
| Total Registration Fees | | |

(Line 5)

| X. WORKSHEET FOR ESTIMATED COSTS | | ESTIMATED COSTS |
|--|-------|-----------------|
| Airfare | _____ | \$ _____ |
| Meals (_____ Days @ \$ _____/Day) | _____ | \$ _____ |
| Lodging (_____ Days @ \$ _____/Day) | _____ | \$ _____ |
| Registration Fee | _____ | \$ _____ |
| Rental Car (_____ Days @ \$ _____/Day) | _____ | \$ _____ |
| Other: _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| Total Estimated Costs | | \$ _____ |

Fund Source (If Known) Organization # _____

Revised 01/11/18