



PD 158

TRAVEL AUTHORIZATION AND REIMBURSEMENT FORM

I. Travel Authorization

Pre-Reg. Fees	\$
FID#	CH#
Adv. Rec.	\$
Ch#	

Section A.

Name _____
First Middle Initial Last MSU ID#

Title _____

Campus Mail _____

Stop No. _____ Department/County _____ Dept. Phone# _____

Dept. Postal Address _____

Dept. Contact _____

Date of Travel from _____ 20 ____ to _____ 20 ____ Mode of Transportation _____

Itinerary from _____ to _____
(City/State) (City/State)

Intermediate stops _____

Form A-09 has been completed and is on file with this department. (if applicable)

Purpose of Trip _____

(Reference to organization must show full name – not acronyms or abbreviations)

Section B. ACCOUNTS TO BE CHARGED Fund Organization Account Program Activity

Section C.

If an advance is received and remains unsettled 30 days after the date of ending travel, the traveler's signature below authorizes the withholding of that amount from any compensation due. Prior approval is required when traveling out-of-state, for in-state or out-of-state group travel, or when attending any convention, association, or meeting.

REQUESTED BY (traveler) _____

APPROVED Department Head/ _____

Next Higher Administrator _____ Signature _____ Date _____

*Request for permission to travel outside the continental limits of the United States will be made on special foreign travel forms.

II. Travel Reimbursement

BOTTOM AND BACK OF THIS FORM TO BE COMPLETED WHEN REQUESTING REIMBURSEMENT FOR TRAVEL

Section D. Amount Claimed		ACCOUNTING CLASSIFICATION TO BE COMPLETED BY ACCOUNTING OFFICE					
For	Amount	FUND	ORG	ACCOUNT	PROGRAM	ACTIVITY	Voucher Amount
1. A) Meals							
B) Lodging							
2. Travel (by privately owned vehicle)							
3. Travel (by rental vehicle)							
4. Travel (by public carrier)							
5. Travel (by state-owned vehicle)							
6. Other Travel Cost							
7. Registration Fee Acct. Code 405160							
8. Business Meals Acct. Code 406440							
Total Voucher		TOTAL VOUCHER AMT.					
Advanced Received		ADVANCE AMT.			CH#		
Net Voucher		AMT. OWED TRAVELER CH #					
Section E.		AMT. DUE MSU					

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 thereof has not been received.....
Penalty for Presenting Fraudulent Claim—Fine of not more than \$250.00; civilly liable for full amount received illegally; and in addition, removal from the office or position held by the person presenting the claim (Section 25-3-45, Mississippi Code of 1972).

Traveler: _____ Date _____

Approved for _____

Payment: _____ Department Head/Next Higher Administrator _____ Date _____