The University of Mississippi Travel Authorization

Travel Authorization: 771-

⊥	Employee					Contact Po	erson				
CONTACT	***PLEASE NOTE THE SAP PERSONNEL # IS A REQUIRED FIELD					Phone #					
SON	Personnel #					Dept Name					
	Title					e-mail					
9		-				In-State		Out-of-S	tate	Out-of-Country*	
ETIN	Title of Meeting										
CONVENTION, ASSOCIATION OR MEETING	Destination										
N O	Beginning Date			Ending Date							
TIO	Purpose:										
COCIA											
\SS(
N,											
NTIC											
NVE											
CO	Accompanied By:										
S	Total Estimated Costs			Please indica	Please indicate with a "X" for Advance requests Advance Issue					Advance Issued	
ESTIMATED COSTS	Transportation	\$		80 Percent	yes		no				
	Meals/Lodging	\$		Registration	yes		no				
IATE	Registration Fee	\$		Airfare	yes		no				
STII	Other	\$			yes		no				
	Total	\$									
	Account Number Amount		Approval	APPROVALS							
					Dant Handon Dant C			Ob a in		Data	
			Dept. Head or Dept. Chair					Date			
S											
APPROVALS					L	Dean or Admin Head Date					
ΑF					* P	* Provost/Vice Chancellor Date					
						* Chancellor Date				Date	
	**Signature of Traveler Date				Funds Available					Date	
**Signature of Traveler Agreement											

and alerts can be found at http://travel.state.gov/content/passports/en/alertswarnings.html
* International Travel Requirement

Signatures must be obtained from the Provost/Vice Chancellor and the Chancellor along with attaching a Request for Approval of International Travel form prior to submitting to Procurement Services for processing.

By signing, travelers certify that they will follow COVID-19 protocols in effect for the travel destination. The traveler also agrees to check all of the travel warnings and alerts for this area prior to the trip and assumes any risk while traveling to this area. Warnings