The University of Mississippi Travel Authorization

						Travel Authorization: 771-						
_	Employee TRAVELER'S NAME					Contact Person THIS PERSON WILL BE				HO RECEIVES EMAILS	REGARDING	
CONTACT	***PLEASE NOTE THE SAP PERSONNEL #IS A REQUIRED FIELD							THIS TRIP. THIS COULD BE THE TRAVELRER OR IT COULD BE				
	Personnel # TRAVELER'S PERSONNEL NUMBER (NO				T STUDENT ID)			A DESIGNATED PERSON IN THE DEPT				
ၓ	Title		ER'S TITLE	,	e-mail							
N S	1140	HOWEL	ERO IIIE		In-State		Out-of-State		Out-of-Country*			
	Title of Meeting WHAT IS YOUR CONFERENCE NAME/MEETING TITL				E/DESEA DOU	III-State		Out-or-State		Out-or-Country		
ASSOCIATION	Destination			, STATE, COUNTRY)								
.ĕ	Beginning Date				WHEN ARE YOU RETURNING?							
SO	Purpose:	Date WHEN ARE YOU LEAVING Ending Date WHEN ARE YOU RETURNING?										
AS	UT PUSE. HY ARE YOU GOING? **PLEASE NOTE ** IF YOU WOULD LIKE A REGISTRATION FEE ADVANCE YOU WILL NEED TO PROVIDE SOMETHING FROM THE CONFERENCE SHOWING THE.											
Š,	PRICE OF THE REGISTRATION FEE. IF YOU WOULD LIKE AN ADVANCE FOR AIRFARE YOU WILL NEED TO PROVIDE THE FLIGHT THAT YOU PLAN TO TAKE AND A COMPARISON OF THAT.											
CONVENTION,	QUOTE. IF YOUR FLIGHT PRICE INCREASES. YOU ARE REQUIRED TO SUBMIT ANOTHER COMPARISON QUOTE WITH YOUR REIMBURSEMENT VOUCHER.											
S S	Accompanied By: IS ANYONE GOING WITH YOU? II			H YOU? IF SO, V),WHO?							
STS	Total Estimated Costs			Please i	Please indicate with a "X" fo			sts	Advance Issued		d	
	-	AIRFARE/RENTAL CAR/TAXIS/PARKING/BUSES/				TOTAL EST. COSTS LESS ADVANCES FOR REG. FEE/AIRFARE/						
၀	Transportation	\$ TRAIN DAILY A	LLOWANCE FOR	80 Percent	yes	HOTEL DO YOU NEED	no			PROCUREMENT \	WILL FILL	
ED		DESTINATION/LODGING				REG. FEE UP						
MAT	Meals/Lodging	\$ ESTIMATE		Registration	yes	FRONT? DO YOU NEED	no			THESE BOXES		
ESTIMATED COSTS		IS THERE A FEE REQUIRED TO ATTEND? IF SO, HOW MUCH IS				AIRFARE UP						
	Registration Fee	\$ IT?		Airfare	yes	FRONT?	no					
		MEMBERSHIP DUES/ABSTRACT		HOTEL/RENTAL CAR/MEMBERSHIP/								
	Other	\$ FEES/POSTER PRINTING		ABSTRACT	yes		no					
	Total	\$	0.00									
								APPROVAL	s			
APPROVALS	Account Number Amount Approval			Approval								
	YOUR DEPT USUALLY PROVIDES ITHIS ACCOUNT NUMBER FOR ITRAVELERS		SIGNATORY OF ACCOUNT'S INITIALS	DEPT HEAD OR DEPT CHAIR Date								
					WHOEVER YOU DIRECTLY REPORT TO WILL SIGN HERE							
					Dea	n or Admin l	Head			Date		
		* Provost/Vice Chancel					incello	or		Date	•	
	PLEASE MAKE SURE EVERYTHING IS CORRECT ON THE FORM, THEN YOU WILL SIGN AND DATE HERE				* Chancellor PROCUREMENT WILL SIGN HERE ABOVE FUNDS A					Date VAILABLE		
	**Signature of Traveler Date				Funds Available					Date		
					ature of Travele	r Agreemen	t					
wa	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 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.