

Mississippi State University

AUTHORIZATION FOR OTHER OFFICIAL EXPENSES

Department _____

Account Number to be charged _____

Name of Person _____ MSU ID # _____

Title _____

Institution or Organization _____

Address _____

Purpose _____

Inclusive Dates _____

Payment Includes _____ Travel _____ Hotel _____ Meals

Miscellaneous (itemize) _____

Payment does not include (itemize) _____

Total recommended payment \$ _____

APPROVED:

Department Head _____ Date _____

Notes:

1. Visitor should pay all of his/her expenses. Recommended payment should allow for such. Any exclusions should be noted in this authorization.
2. Original should be attached to voucher when submitted for payment. One copy for each signer.