

**TRAVEL SERVICES WAIVER FORM**

**DATE:** \_\_\_\_\_

**FAX:** (662) 325-0840

**TO:** \_\_\_\_\_

**FROM:** \_\_\_\_\_

**RE:** \_\_\_\_\_

**MSU EMPLOYEE NAME:** \_\_\_\_\_

**DATES OF TRAVEL:** \_\_\_\_\_

**CONFERENCE NAME:** \_\_\_\_\_

**DESTINATION (S):** \_\_\_\_\_

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\*\*\*\*\*

**ALTERNATIVE TRAVEL ARRANGEMENT APPROVAL REQUEST FOR:**

**HOTEL:** \_\_\_\_\_ **FAIR WIND COST:** \_\_\_\_\_

**RENTAL:** \_\_\_\_\_ **ACTUAL COST:** \_\_\_\_\_

**PUBLIC CARRIER:** \_\_\_\_\_

**REQUESTED WAIVER EXPLANATION:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPROVED:** \_\_\_\_\_ **DISAPPROVED:** \_\_\_\_\_

**NOTE:** Please attach a copy of this approval to your expense voucher when seeking reimbursement.