

**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.