

TRAVEL SERVICES WAIVER FORM

DATE: _____

FAX: (662) 325-0840

TO: _____

FROM: _____

RE: _____

MSU EMPLOYEE NAME: _____

DATES OF TRAVEL: _____

CONFERENCE NAME: _____

DESTINATION (S): _____

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.