**University of Southern Mississippi**

**TRAVEL EXPENDITURE JUSTIFICATION FORM**

 Office of Research Administration

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| --- |
| **Principal Investigator:** |

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| --- |
| **Traveler Name:** |
| **Project Chartfield(s):**  |
| **Destination: Date of Trip:** |

**Justification of expense** (i.e. why is this expense necessary to further the programmatic needs of the project? How does this expense directly benefit the project?) **Please see restriction on local meals and entertainment at** [**https://www.usm.edu/procurement-contract-services/general-payment-policy**](https://www.usm.edu/procurement-contract-services/general-payment-policy)**.**

**Traveler is paid from the Project:** [ ]  **YES** [ ]  **NO (If traveler is not paid from the grant(s) being charged justify below.)**

**For Federal Awards: All Federal awards must comply with the Fly America Act.** [**https://www.usm.edu/procurement-contract-services/travel-policies-and-procedures**](https://www.usm.edu/procurement-contract-services/travel-policies-and-procedures)**. If you have not used a U.S. Flag carrier-please justify.**

**Certification:** I hereby certify that the expense described on the travel reimbursement is allowable, allocable to the project, reasonable and in compliance with sponsor regulations and University policy. I have authorized the allocation of the expenses as listed on the Travel form.

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

**Principal Investigator or date**

**Signature Authority**

ORA Review: Approver agrees that the types of expenses listed in this Travel form are generally allowable under the sponsor guidelines.

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

**Office of Research Administration date**

**IMPORTANT: Please provide information for the individual who should be contacted with any questions.**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**