**INSTRUCTIONS FOR A WAIVER Travel and PCARD**

The State Travel Waiver Policy is issued by the Mississippi Department of Finance and Administration, Office of Purchasing and Travel. Deviations from the Travel Policy require a Waiver. Approval requires the Travelers signature, Signature Authority and/or Dean, Chair, or Next Higher authority before submission.

Once the form has been completed and signed, scan it and send it to Shelia Sims, Manager of AP & Travel for approval ([Shelia.Sims@usm.edu](mailto:diana.west@usm.edu)). If there are any questions regarding the Waiver, you will be contacted by phone or email. After approval of the Waiver, it will be returned to the submitter. Attach it to your Permission to Travel form or to your Travel Voucher when submitting for reimbursement.

***Reminder: Approval of vehicle rentals for amounts greater than the state contract pricing for employees who state that they do not know about the contract will not be approved.***

***Enterprise has assured us that if they do not have intermediate vehicles available, they will upgrade the vehicle and charge the intermediate price. Any waivers submitted with that explanation will be denied and the employee will be responsible for paying the difference.* If you do run into this problem, have the agent put it in writing and have them sign their name. We will address it in the Travel Office with Enterprise.**

**Contact information for rental car companies is located on the USM Travel website under Vehicle Rental Information as well as under State of Mississippi Travel Policy, Contracts, & General Information.**

**Once you have completed the form and obtained the signatures required, scan the waiver and e-mail it to** [Shelia.Sims@usm.edu](mailto:diana.west@usm.edu) .

USM TRAVEL WAIVER

***Waivers should be done prior to making any reservations or commitments***

This form is to be used to justify a Waiver from any of the standard travel procedures set forth in the State Office of Purchasing and Travel, and the USM Travel Manual. The form should be ***submitted to Shelia Sims, Manager of AP & Travel at USM via e-mail*** [Shelia.Sims@usm.edu](mailto:diana.west@usm.edu). **If the waiver is returned as approved,** attach it to your Permission to Travel or Travel Voucher when submitting expenses to Travel for reimbursement or upload with your receipt of the transaction in SOARFIN for a PCARD purchase.

Date **Click here to enter a date.** Agency: **THE UNIVERSITY OF SOUTHERN MISSISSIPPI**

Name of Traveler: **Click here to enter text.** Phone **Click here to enter text.**

Name of submitter: **Click here to enter text.**

E-mail address: **Click here to enter text.**

Travel Date(s): **Click here to enter a date.**  To **Click here to enter a date.**

Destination: **Click here to enter text.**

Purpose of Travel: **Choose a purpose for travel.**

Waiver will be attached to: **Pick One**

**Choose a reason for waiver.**

Amount of Reimbursement Requested**: Click here to enter amount**

Additional Cost to the University: **Click here to enter amount**

**YOU MUST include all applicable cost information (example: cost comparison showing savings, conference hotel rate vs. actual rate paid, etc.**

Please explain your justification for a Waiver. Include any and all information which would prove that approval of the Waiver would be economical and in the best interest of the state and/or the approval of the Waiver is necessary for some other reason. Failure to provide adequate information will be cause for delays and potentially the rejection of the request (attach additional pages if needed). We must be able to determine the anticipated cost to the state and any anticipated savings. **By signing this form, the requestor and department authority are asserting that the requested waiver from travel policies is essential to conducting travel for the state.**

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| --- | --- | --- |
| **Traveler** |  |  |
|  |  | Date |

|  |  |  |
| --- | --- | --- |
| **Approval** |  |  |
|  | Signature Authority **and/or** Dean, Chair or Next Higher Authority | Date |

|  |  |  |
| --- | --- | --- |
| **Approval** |  |  |
|  | Agency Designee: Shelia Sims, Manager Accounts Payable & Travel | Date |

[Shelia.Sims@usm.edu](mailto:diana.west@usm.edu)

**Not approved/Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**