**The University of Southern Mississippi**

**Canceled Airline Ticket Refund**

This form should be completed when travel has been canceled and you are requesting a reimbursement for a nonrefundable airline ticket.

Date: **Click here to enter a date.** Employee ID # **Click here to enter text.**

Employee name: **Click here to enter text.**

Dates of canceled trip: **Click here to enter text.**

Destination of canceled trip: **Click here to enter text.**

Explain circumstances that necessitated the trip to be canceled: **Click here to enter text**.

**I understand that it is the department’s responsibility to ensure that the credit will be used for University related business within the time period designated by the airline.**

***Employee Signature* Date**

***Print name***

***Chair, Dean or VP Signature* Date**

***Print name***

**ATTACH THIS FORM TO THE COMPLETED EMPLOYEE TRAVEL VOUCHER ALONG WITH A COPY OF THE PASSENGER RECEIPT OF THE CANCELED AIRLINE TICKET.**