



# MISSISSIPPI VALLEY STATE UNIVERSITY™

OFFICE OF BUSINESS AND FINANCE  
PRE-PAYMENT AUTHORIZATION FORM

**GROUP TRAVEL**

**EVEN EXCHANGE OF GOODS**

Vendor Information:		Travel Information	Goods
Name		Program	
City, State		Purpose and Date(s)	
Contact Info		Number of Students	

Payment is requested in the amount of \$\_\_\_\_\_ to pre-pay for goods and/or services relative to the group travel outlined above. **My signature serves as my understanding and agreement with the terms listed below.**

\_\_\_\_\_  
Requester's Signature

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### Terms of Agreement

The employee agrees to provide original invoice(s) and/or receipt(s) that reflect a zero balance to support the above authorized pre-payment. Invoice(s) and/or receipt(s) should be submitted to the Accounts Payable Unit of the Office of Business and Finance within ten (10) working days upon return from travel. Failure to comply with these terms will result in suspension of future pre-payments and deduction from the employee's next payroll check in amount of the pre-payment.

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For Business and Finance Use Only

APPROVAL

INVOICE/RECEIPT

Approved: \_\_\_\_\_

Submitted by: \_\_\_\_\_

Disapproved: \_\_\_\_\_

Verified by: \_\_\_\_\_