TRAVEL VOUCHER

State of Mississippi: __Supreme Court of Mississippi__

(Agency or Institution)

Name: _____ PIN/WIN #: _____

Address: _____ PID#: _____

_____

Check One:	
Employee	
Contract Worker	
Board Member	

I request reimbursement for subsistence and other authorized expenses paid by me incident to official travel for the State from

_____ to _____ . The itemized statement follows.

(date)   *(date)*

Check Box(es):	In-State		Out-of-State		Out-of-Country		PTE Request	

Prior to Trip Expenses (PTE) Request:	
Lodging	
Public Carrier	

Payment Information *(Traveler complete, if known)*	
Trip #	
Travel Voucher #	
SAAS Ag #	
SPAHRS Ag #	
Fund #	
Activity / Location	
Org / Sub Org	
Rpt Category	
Project / Sub Proj	

Per Diem in Lieu of Subsistence	
Taxable Meals	
Non-Taxable Meals	
Lodging	
Travel in Private Vehicle	
Travel in Rented Vehicle	
Travel in Public Carrier	
Other:	
Sub Total	
Less: Travel Advance	
Less: PTE Lodging	
Less: PTE Public Carrier	
Net Payment (Overpayment)	

Subject to any difference determined by verification, I certify that the above amount claimed by me for travel expenses for the period indicated is true and accurate in all respects, and that payment for any part has not been received. In the event of overpayment, I agree that any future salary/travel disbursements may be debited to correct the overpayment

Traveler: _____ Title: _____ Date: _____

Verified by: _____ Title: _____ Date: _____

Approved for Pay: _____ Title: _____ Date: _____

PENALTY FOR FRAUDULENT CLAIM - fine of not more than $250; civilly liable for full amount received illegally; removal from office or position held (Section 25-1-81 and 25-1-91, Miss. Code Ann.-1972)

Form 13.20.10

Itemized Statement of Travel Expense SPAHRS Ag #: _____ Name: _____ PID#: _____

Date	Purpose	Points of Travel	Miles	Actual Breakfast	Actual Lunch	Actual Dinner	Daily Max	Daily Meals Allowed	Hotel	Other Authorized Expenses Item	Amount
Total											

Mileage Reimbursement Rate

Total Mileage Dollar Amount

Enter 1 if overnight stay is required.

Enter 2 if overnight stay is NOT required.