

### IN-STATE TRAVEL VOUCHER

State of Mississippi: Supreme Court of Mississippi - Chancery Court - Judge

Social Security #: \_\_\_\_\_

PIN/WIN#: \_\_\_\_\_

Name: \_\_\_\_\_

PID#: \_\_\_\_\_

Address: \_\_\_\_\_

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.  
( begin date ) ( end date )

Check One:	
Employee	<input checked="" type="checkbox"/>
Contract Worker	<input type="checkbox"/>
Board Member	<input type="checkbox"/>

Trip Optimizer Attached	
Yes	<input type="checkbox"/>
No	<input checked="" type="checkbox"/>

Reason Why Trip Optimizer <i>is not</i> Attached	
Not Under BFM Purview	

<b>Check Box:</b>	In-State	<input checked="" type="checkbox"/>	Out-of-State	<input type="checkbox"/>	Out-of-Country	<input type="checkbox"/>
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Payment Information	
SAAS Ag #	051
SPAHRs Ag #	0128
Fund #	2053
Org	4011

Trip #	
Taxable Meals	
Non-Taxable Meals	
Lodging	
Travel in Private Vehicle	
Travel in Rented Vehicle	
Travel in Public Carrier (Airfare Only)	
<b>Other:</b>	
<b>Net Payment</b>	

<i>AOC USE ONLY</i>		
	TRIP #	TRIP #
TAXABLE		
NON-TAXABLE		
LODGING		
MILEAGE		
OTHER		
TOTAL		
_____		

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: CHANCELLOR

Date: \_\_\_\_\_

Approved for Pay: \_\_\_\_\_

Title: FINANCE DIRECTOR

Date: \_\_\_\_\_

Verified By: \_\_\_\_\_

Title: ACCOUNTANT

Date: \_\_\_\_\_

