## **IN-STATE TRAVEL VOUCHER**

**Check One:** 

	State of Mississippi: Supreme Court of Mississippi -							
	Social	Secur	ity #:		PIN/WIN#:	Contract Worker Board Member		
					<u> </u>			
	Name:				PID#:	Trip Optimizer Atta Yes		
	Addres	ss:				No		
	I reque	est rein	nbursement i		uthorized expenses paid by me incident to official travel for the State from	Reason Why Trip Opt <u>not</u> Attached		
	( begin date )				. The itemized statement follows.	Not Under BFM Pu		
Check Box:	In- State	<b>✓</b>	Out-of- State	Out-of- Country	Trip#			
	nent Inf	forms		Country	Taxable Meals			
SAAS Ag # 051 SPAHRS Ag #					Non-Taxable Meals			
Fund # Org					Lodging			
		<u> </u>			Travel in Private Vehicle			
AOC USE ONLY TRIP # TRIP #				ONLY TRIP #	Travel in Rented Vehicle			
TAXABLI	E				Travel in Public Carrier (Airfare Only)			
NON-TAX LODGINO					Other:			
MILEAGE OTHER	Ξ							
	TOTA	L						
					Net Payment			
•			•	•	ove amount claimed by me for travel expenses for the period indicated is true ament, I agree that any future salary/travel disbursements may be debited to cor	-		
Traveler:					Title: Da	nte:		
ved for Pay	y:				Title: Da	nte:		
/erified By	y:				Title: ACCOUNTANT Da	nte:		

Form 13.20.10 **INSTATE** 

 Itemized Statement of Travel Expense
 SPAHRS Ag #:
 Name:
 SSN#

Date	Purpose	Points of Travel	Miles	Actual Breakfast	Actual Lunch	Actual Dinner	Daily Meals Allowed	Hotel	Other Authorized Expenses	
									Item	Amount
Totals										
		Mileage Reimbursement Rate		TAXABLE						
		Total Mileage Dollar Amount		NON-T		TAXABLE				

Note: (1) Receipts for amounts paid for lodging and other expenses must accompany this voucher. (2) All activity pertaining to a certain date should be shown on the associated line or lines completely across the form. (3) Daily Meals Allowed equals the total of Actual Meals, not to exceed the Maximum Daily Meal Reimbursement. (4) If Tips are included in Other, then the type of tip must be identified. (5) A continuation sheet may be used if necessary.