IN-STATE TRAVEL VOUCHER

Check One:

	State of Mississippi: Supreme Court of Mississippi - Trial Judge Support Staff						
	Social	Secur	rity #:			PIN/WIN#:	Contract Worker Board Member
	Name:	:				PID#:	Trip Optimizer Att
							Yes
Address:							No
	I reque	est rein	nbursement f	or subsisten	ce and other	d expenses paid by me incident to official travel for the State from	Reason Why Trip Opt <u>not</u> Attached
to					to	. The itemized statement follows	Not Under BFM Pu
			(begin date)		(end date)	Not Olider DEWITE
Check	In-	-	Out-of-	Out-of	=	Trip#	
Box:	State	<u></u>	State	Countr	У	THP "	
Pavi	ment Inf	forma	ation			Taxable Meals	
SAAS Ag # 051			051			Non-Taxable Meals	
SPAHRS	Ag#	ightharpoonup	0135			Tion Tamore mount	
Fund # 2053 Org 3039					Lodging		
015			3037			Travel in Private Vehicle	
AOC USE ONLY				ONLY		Travel in Rented Vehicle	
			TRIP#	TRIF) #	Traver in Rented Venicle	
TAXABL	Æ	$\overline{}$				Travel in Public Carrier (Airfare Only)	
NON-TAX				+		Other	
LODGING						Other:	
MILEAGI	E						
OTHER		<u> </u>					
	TOTA	L					
						Net Payment	

Form 13.20.10

IN-STATE

Itemized Statement of Travel Expense SPAHRS Ag #: 0135 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-	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.