Form 13.20.10   **OUT-OF-STATE TRAVEL VOUCHER**

State of Mississippi: Supreme Court of Mississippi -

Check One:	
Employee	✓
Contract Worker	
Board Member	

Social Security #: _____   PIN/WIN#: _____

Name: _____   PID#: _____

Trip Optimizer Attached	
Yes	
No	✓

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)

Reason Why Trip Optimizer _is not_ Attached

Not Under BFM Purview

Check Box:	In-State		Out-of-State	✓	Out-of-Country	

Payment Information	
SAAS Ag #	051
SPAHRS Ag #	
Fund #	
Org	

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

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: _____

Approved for Pay: _____   Title: _____   Date: _____

Verified By: _____   Title: ACCOUNTANT   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)

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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-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.