

**SUPREME COURT OF MISSISSIPPI
OUT-OF-STATE TRAVEL REQUEST**

Please submit form at least six (6) weeks prior to trip start date.

TRAVELER INFORMATION

Name: _____ Phone: _____

Email: _____ Position/Title: _____

TRIP INFORMATION

Title of Conference: _____

Destination: _____ Dates of Travel: _____

ESTIMATED COSTS OF TRAVEL

Registration Fee/Tuition	\$ _____	<i>*Attach a copy of conference agenda or brochure, including reg/tuition fee cost.</i>
Airline Charge	\$ _____	<i>*Attach a copy of ticket estimate(s).</i>
Taxi Fare/Shuttle Fare/Rental Car** <i>**Evidence that rental car is cheaper than use of taxi/shuttle MUST be provided</i>	\$ _____	<i>*Attach a copy of taxi/shuttle/rental car estimate. Rental car estimate must be from an approved State Vendor with adj rates.</i>
Mileage	\$ _____	<i>*If driving vs flying, attach flight estimate. Lesser of two will be reimbursed.</i>
Hotel Accommodations (Lodging)	\$ _____	<i>*Attach a copy of lodging estimate.</i>
Meals	\$ _____	<i>*www.courts.ms.gov, Forms Library (Travel) lists out-of-state meal reimbursement rates.</i>
Other Expenses	\$ _____	<i>*Other: _____</i>
Total Estimated Cost of Trip	\$ _____	

Submitted by: _____ Date: _____

AOC OFFICIAL USE ONLY:

Finance Department Authorization: _____ Date: _____

Funded By: Judicial Travel Budget Drug Court Fund Local Drug Court Fund Grant/3rd Party
 Other _____

Travel Request: Authorized Authorized but not funded Denied

By: _____ Date: _____

COMMENTS: _____

Mail form and supporting documents to:
Administrative Office of Courts, Post Office Box 117, Jackson, MS 39205-0117.