

VOUCHER FOR REIMBURSEMENT OF EXPENSES INCIDENT TO OFFICIAL TRAVEL

Prescribed by Dept. of Finance and Administration
January 24, 2000

State of Mississippi: Supreme Court - Trial Judges (Chancellor)
(Department or Institution)

SAAS AG #: 051

Social Security #: _____ PIN/WIN #: _____

Name: _____

Address: _____

For mileage of privately-owned automobile used by me for transportation and reimbursement for subsistence and other authorized expenses paid by me in the discharge of official duty from _____ to _____. The itemized statement follows.

CHECK (✓) ONE:	
IN STATE	
OUT OF STATE	
OUT OF COUNTRY	

ACCOUNTING CODES	
FUND	2053
ORG	4011

TRIP #	
PER DIEM IN LIEU OF SALARY	
TAXABLE MEALS	
NON-TAXABLE MEALS	
LODGING	
Travel - AUTO-PRIVATE	
Travel - AUTO-RENTAL	
Travel - PUBLIC CARRIER	
OTHER:	
SUB-TOTAL	
LESS TRAVEL ADVANCE	
NET REIMBURSEMENT (Refund)	

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.

SIGNATURE OF PAYEE: _____ DATE: _____

Verified by: _____ Title: Accountant Approved for Payment: _____ Title: AOC Director

BREAKDOWN OF SUBSISTENCE AND TRAVEL EXPENSE

051

Employee Name: _____

SSN: _____

STANDARD FORM 13.20.10

SAAS AG# _____

Date	Purpose	Points of Travel	Total Miles	Actual Breakfast	Actual Lunch	Actual Dinner	Total Amount Allowed	Hotel/Motel	Other Authorized Expenses	
									Item	Amount
TOTAL										

Recap:	Taxable Meals _____
	Non-Taxable Meals _____

Multiply Total Miles column by the authorized reimbursement amount and carry to front page. 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 line or lines associated with that date