STANDARD FORM 13.20.10

Prescribed by Dept. of Finance and Administration

January 24, 2000

# VOUCHER FOR REIMBURSEMENT OF EXPENSES INCIDENT TO OFFICIAL TRAVEL

State of Mississippi: Supreme Court: Trial Judge Support Staff
(Department or Institution)

SAAS AG #: 0135 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 | |
| ORG | |

| | |
|---|---|
| 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: _____

PENALTY FOR FRAUDULENT CLAIM - fine of not more than $250: civilly liable for full amount received illegally; removal from office or position held (Section 25-3-41 and 25-3-45, Miss. Code Ann. -1972)

BREAKDOWN OF SUBSISTENCE AND TRAVEL EXPENSE 0135 Employee Name:_____ SSN: _____

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