13.20.10	IN-STATE TRAVEL VOUCHER					Check One:		
State of Mississippi: Supreme Court of M			of Mississippi - Ch	Vlississippi - Chancery Court - Judge				
	Social Security #:			PIN/WIN#:	PIN/WIN#:			
Name:			PID#:			Trip Optimizer Attached		
						Yes No	~	
	I request reimbursement for subsistence and other authorized expense				Reason Why Trip Optimizer <u>i</u> <u>not</u> Attached Not Under BFM Purview			
Check Box:	In- State ✓ Out-of- State	Out-of- Country	$\square$	Trip #				
Payment Information			Taxable Meals					
SAAS Ag #051SPAHRS Ag #0128		Non-Taxable Meals						
Fund # Org	2053 4011	-		Lodging				
		_		Travel in Private Vehicle				
	<i>AOC U</i> TRIP #	SE ONLY TRIP #		Travel in Rented Vehicle				
TAXABL	E			Travel in Public Carrier (Airfare O	nly)			
NON-TA	XABLE			Other:				
LODGIN MILEAG OTHER								
	TOTAL		_	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:	CHANCELLOR	Date:
Approved for Pay:	Title:	FINANCE DIRECTOR	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)

Form 13.20.10	IN-STATE	
Itemized Statement	of Travel Expense	SPAHRS Ag #:

Ag #: 0128

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					4

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.