## **OUT-OF-STATE TRAVEL VOUCHER**

Form 13.20.10	OUT-OF-STATE TRAVEL VOUCHER							Check One:		
	State of	Mississippi:	Supreme Court of Mississippi - Chancery Court - Judge					Employee Contract Worker	✓	
	Social So	ecurity #:			PIN/WIN#:					
	Name:					PID#:	[	Trip Optimizer Attached Yes No		
	Address									
	I request	reimburseme	ent for subsistence a		cident to official travel for the State		Reason Why Trip Optinnot Attached  Not Under BFM Pui			
		( begin	date)	( end date	)		L			
Check Box:	In- State	Out-of- State	✓ Out-of- Country	П	Trip #					
	nent Info	•	7		Taxable	Meals				
SAAS Ag	#	051	_		Non-Tax	able Meals				
SPAHRS A	Ag#	0128 2053	-			<del>                                     </del>				
Org		4011			Lodging					
					Travel in	n Private Vehicle				
					Travel in	Rented Vehicle				
					Travel in	Public Carrier (Airfare Only)				
					Other:					
					Net Pa	ayment				
						vel expenses for the period indicate y/travel disbursements may be debit			ets, and	
Travele	r:				Title:	CHANCELLOR	Date:			
Approved for Pay	y:				Title:	FINANCE DIRECTOR	Date:			
						ACCOUNTANT	Date:			

Form 13.20.10 **OUT-OF-STATE** 

Itemized Statement of Travel Expense SPAHRS 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						

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.