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

101111 13.20.10		0000			Check One.			
	State of Mississippi:	Supreme Court of Miss	issippi - Circuit Court - Judg	ge	Employee ✓ Contract Worker			
	Social Security #:		PIN/V	<del></del>				
	Name:							
					Yes No ✓			
		ent for subsistence and other at	uthorized expenses paid by me in	ized expenses paid by me incident to official travel for the State from  The itemized statement follows.				
	( begin	date)	( end date )	The remized statement I	Not Under BFM Purview			
Check Box:	In- Out-of- State State	✓ Out-of- Country	Trip#					
Pav	ment Information	 7	Taxable	Meals				
SAAS Ag	SAAS Ag # 051 SPAHRS Ag # 0128			Non-Taxable Meals				
Fund #	Fund # 2053		Lodging	Lodging				
Org	4012	J	Travel in	Private Vehicle				
			Travel in	Rented Vehicle				
			Travel in	Public Carrier (Airfare Only)				
			Other:	Table Caller (Finance Cing)				
			Other:					
			Net Pa	yment				
				vel expenses for the period indica y/travel disbursements may be deb	ted is true and accurate in all respects, and oited to correct the overpayment.			
Travele	er:		Title:	JUDGE	Date:			
				FINANCE DIRECTOR	Date:			
Verified B	dy:		Title:	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		TAXABL		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.