

**SUPREME COURT OF MISSISSIPPI  
OUT-OF-STATE TRAVEL REQUEST**

TRIP # \_\_\_\_\_  
PERNR \_\_\_\_\_  
PIN/WIN \_\_\_\_\_

Please submit form to Finance at least six (6) weeks prior to trip start date.

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**TRAVELER INFORMATION**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Position/Title: \_\_\_\_\_

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**TRIP INFORMATION**

Title of Conference: \_\_\_\_\_

Destination: \_\_\_\_\_ Dates of Travel: \_\_\_\_\_

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**ESTIMATED COSTS OF TRAVEL**

Registration Fee/Tuition \$ \_\_\_\_\_ \*Attach a copy of conference agenda or brochure, including reg/tuition fee cost.

Airline Charge \$ \_\_\_\_\_ \*Attach a copy of ticket estimate(s).

Taxi Fare/Shuttle Fare/Rental Car\*\* \$ \_\_\_\_\_ \*Attach a copy of taxi/shuttle/rental car estimate. Rental car estimate must be from an approved State Vendor with adj rates.  
\*\*Evidence that rental car is cheaper than use of taxi/shuttle **MUST** be provided

Mileage  
Rate per mile \$ \_\_\_\_\_ x # of miles \_\_\_\_\_ \$ \_\_\_\_\_ \*If driving vs flying, attach flight estimate. Lesser of two will be reimbursed.

Hotel Accommodations (Lodging)  
Nightly rate \$ \_\_\_\_\_ x # of nights \_\_\_\_\_ \$ \_\_\_\_\_ \*Attach a copy of lodging estimate.

Meals  
Daily rate \$ \_\_\_\_\_ x # of days \_\_\_\_\_ \$ \_\_\_\_\_ \*www.courts.ms.gov, Forms Library (Travel) lists out-of-state meal reimbursement rates.

Other Expenses \$ \_\_\_\_\_ \*Other: \_\_\_\_\_

**Total Estimated Cost of Trip** \$ \_\_\_\_\_

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

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**OFFICIAL USE ONLY:**

Finance Office Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

Funded By:  Judicial Travel Budget  Drug Court Fund  Local Drug Court Fund  Grant/3<sup>rd</sup> Party  
 Other \_\_\_\_\_

Travel Request:  Authorized  Authorized but not funded  Denied

By: \_\_\_\_\_ Date: \_\_\_\_\_

COMMENTS: \_\_\_\_\_