Form 13.20.10 Revised 1/2015

## TRAVEL VOUCHER

State of Mississippi:	<u> </u>		Check One:						
Name:		(Agency or Institution)	Employee Contract Worker ✓						
		PIN/WIN #:							
Address:		PID#:							
I request reimbursen		uses paid by me incident to official travel for the State from the mixed statement follows.	m						
(date)	to The it								
CheckIn-Out-orBox(es):State✓State		Per Diem in Lieu of Subsistence							
Prior to Trip E	expenses (PTE) Request:	Taxable Meals							
Lodging		Non-Taxable Meals							
Public Carrier		Lodging							
Payment Information	n (Traveler complete, if known)	Travel in Private Vehicle							
Trip #		Travel in Rented Vehicle							
Travel Voucher #		Travel in Public Carrier							
SAAS Ag #	502	Other:							
SPAHRS Ag #	502								
Fund #	3502	Sub Total							
Activity / Location	5021	Less: Travel Advance							
Org / Sub Org		Less: PTE Lodging							
Rpt Category	Less: PTE Public Carrie								
Project / Sub Proj		Net Payment (Overpayment)	Net Payment (Overpayment)						
	n, I certify that the above amount claimed by me for travel any future salary/travel disbursements may be debited to co	expenses for the period indicated is true and accurate in all respects, and orrect the overpayment	d that payment for any part has not been						
veler:		Title: Adjunct Instructor	Date:						
proved by:		Title: Staff Instructor	Date:						
rified by:		Title:	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)

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Itemized	Statement of Travel Expense	SPAHRS Ag #	Name:						SS #		
Date	Purpose	Points of Travel	Miles	Actual Breakfast	Actual Lunch	Actual Dinner	Daily Meals Allowed	Hotel		Item	Amount
				N/A	N/A	N/A	N/A	N/A			
				N/A	N/A	N/A	N/A	N/A			
				N/A	N/A	N/A	N/A	N/A			
				N/A	N/A	N/A	N/A	N/A			
				N/A	N/A	N/A	N/A	N/A			
				N/A	N/A	N/A	N/A	N/A			
				N/A	N/A	N/A	N/A	N/A			
				N/A	N/A	N/A	N/A	N/A			
				N/A	N/A	N/A	N/A	N/A			
				N/A	N/A	N/A	N/A	N/A			
				N/A	N/A	N/A	N/A	N/A			
			_	N/A	N/A	N/A	N/A	N/A			
	Please list the County in v	Please list the County in which the course was		N/A	N/A	N/A	N/A	N/A			
	delivered		N/A	N/A	N/A	N/A	N/A				
				N/A	N/A	N/A	N/A	N/A			
	COURSE COUNTY:			N/A	N/A	N/A	N/A	N/A			
				N/A	N/A	N/A	N/A	N/A			
			<u> </u>	N/A	N/A	N/A	N/A	N/A			
				N/A	N/A	N/A	N/A	N/A			
				N/A	N/A	N/A	N/A	N/A			
				N/A	N/A	N/A	N/A	N/A			
Total				N/A	N/A	N/A		N/A			
		Mileage Reimbursement Rate	0.575					_	1		
		Total Mileage Dollar Amount						2		ernight stay is	required. NOT required
									EIREF Z II OV	eringiit stay is	nor required