

TRAVEL VOUCHER

State of Mississippi: MS OFFICE OF STATE PUBLIC DEFENDER - TRAINING DIVISION - FUND 3100
(Agency or Institution)

Name: _____ PIN/WIN #: _____

Address: _____ PID#: _____

Check One:	
Employee	
Contract Worker	
Board Member	

I request reimbursement for subsistence and other authorized expenses paid by me incident to official travel for the State from _____ to _____. The itemized statement follows.
(date) (date)

Check Box(es):	In-State		Out-of-State		Out-of-Country		PTE Request
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Prior to Trip Expenses (PTE) Request:	
Lodging	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Public Carrier	XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Payment Information <small>(Traveler complete, if known)</small>	
Trip #	
Travel Voucher #	
SAAS Ag #	
SPAHS Ag #	
Fund #	
Activity / Location	
Org / Sub Org	
Rpt Category	
Project / Sub Proj	

Per Diem in Lieu of Subsistence	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Taxable Meals	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Non-Taxable Meals	
Lodging	
Travel in Private Vehicle	
Travel in Rented Vehicle	
Travel in Public Carrier	
Other:	
Sub Total	
Less: Travel Advance	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Less: PTE Lodging	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Less: PTE Public Carrier	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Net Payment (Overpayment)	

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: _____ Date: _____

Approved by: _____ Title: Director of Training Date: _____

Verified by: _____ Title: Office Manager Date: _____

