

## VOUCHER FOR REIMBURSEMENT OF EXPENSES INCIDENT TO OFFICIAL TRAVEL

Prescribed by Dept. of Finance and Administration  
January 24, 2000

State of Mississippi: Supreme Court - Trial Judges (Circuit Judge)  
(Department or Institution)

SAAS AG #: 051

Social Security #: \_\_\_\_\_ PIN/WIN #: \_\_\_\_\_

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

Address: \_\_\_\_\_

For mileage of privately-owned automobile used by me for transportation and reimbursement for subsistence and other authorized expenses paid by me in the discharge of official duty from \_\_\_\_\_ to \_\_\_\_\_. The itemized statement follows.

| CHECK (√) ONE: |  |
|----------------|--|
| IN STATE       |  |
| OUT OF STATE   |  |
| OUT OF COUNTRY |  |

| ACCOUNTING CODES |      |
|------------------|------|
| FUND             | 2053 |
| ORG              | 4012 |

|                            |  |
|----------------------------|--|
| TRIP #                     |  |
| PER DIEM IN LIEU OF SALARY |  |
| TAXABLE MEALS              |  |
| NON-TAXABLE MEALS          |  |
| LODGING                    |  |
| Travel - AUTO-PRIVATE      |  |
| Travel - AUTO-RENTAL       |  |
| Travel - PUBLIC CARRIER    |  |
| OTHER:                     |  |
|                            |  |
|                            |  |
|                            |  |
| SUB-TOTAL                  |  |
| LESS TRAVEL ADVANCE        |  |
| NET REIMBURSEMENT (Refund) |  |

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.

SIGNATURE OF PAYEE: \_\_\_\_\_ DATE: \_\_\_\_\_

Verified by: \_\_\_\_\_ Title: Accountant Approved for Payment: \_\_\_\_\_ Title: AOC Director

BREAKDOWN OF SUBSISTENCE AND TRAVEL EXPENSE

051

Employee Name: \_\_\_\_\_

SSN: \_\_\_\_\_

STANDARD FORM 13.20.10

SAAS AG#

| Date   | Purpose                 | Points of Travel | Total Miles | Actual Breakfast | Actual Lunch | Actual Dinner | Total Amount Allowed | Hotel/ Motel | Other Authorized Expenses |        |
|--------|-------------------------|------------------|-------------|------------------|--------------|---------------|----------------------|--------------|---------------------------|--------|
|        |                         |                  |             |                  |              |               |                      |              | Item                      | Amount |
|        |                         |                  |             |                  |              |               |                      |              |                           |        |
|        |                         |                  |             |                  |              |               |                      |              |                           |        |
|        |                         |                  |             |                  |              |               |                      |              |                           |        |
|        |                         |                  |             |                  |              |               |                      |              |                           |        |
|        |                         |                  |             |                  |              |               |                      |              |                           |        |
|        |                         |                  |             |                  |              |               |                      |              |                           |        |
|        |                         |                  |             |                  |              |               |                      |              |                           |        |
|        |                         |                  |             |                  |              |               |                      |              |                           |        |
|        |                         |                  |             |                  |              |               |                      |              |                           |        |
|        |                         |                  |             |                  |              |               |                      |              |                           |        |
|        |                         |                  |             |                  |              |               |                      |              |                           |        |
|        |                         |                  |             |                  |              |               |                      |              |                           |        |
|        |                         |                  |             |                  |              |               |                      |              |                           |        |
|        |                         |                  |             |                  |              |               |                      |              |                           |        |
|        |                         |                  |             |                  |              |               |                      |              |                           |        |
|        |                         |                  |             |                  |              |               |                      |              |                           |        |
|        |                         |                  |             |                  |              |               |                      |              |                           |        |
|        |                         |                  |             |                  |              |               |                      |              |                           |        |
|        |                         |                  |             |                  |              |               |                      |              |                           |        |
| TOTAL  |                         |                  |             |                  |              |               |                      |              |                           |        |
| Recap: | Taxable Meals _____     |                  |             |                  |              |               |                      |              |                           |        |
|        | Non-Taxable Meals _____ |                  |             |                  |              |               |                      |              |                           |        |

Multiply Total Miles column by the authorized reimbursement amount and carry to front page. 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 line or lines associated with that date