

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 (Special 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	4013

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

