

## TRAVEL VOUCHER

State of Mississippi: \_\_\_\_\_  
(Agency or Institution)

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

Name: \_\_\_\_\_ PID #: \_\_\_\_\_

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

Check (/) One:	
Employee	<input type="checkbox"/>
Contract Worker	<input type="checkbox"/>
Board Member	<input type="checkbox"/>

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.

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

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

Per Diem in Lieu of Subsistence	
Taxable Meals	
Non-Taxable Meals	
Lodging	
Travel in Private Vehicle	
Travel in Rented Vehicle	
Travel in Public Carrier	
Other:	
Sub Total	
Less: Travel Advance	
Less: PTE Lodging	
Less: PTE Public Carrier	
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.

Signature of Payee: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Verified by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Approved for Payment: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

