

STANDARD FORM 13.20.10  
 Prescribed by Dept. of Finance and Administration  
 January 24, 2000

VOUCHER FOR REIMBURSEMENT OF EXPENSES INCIDENT TO OFFICIAL TRAVEL

SAAS AG#: 651  
 SUBAGCY 571 ACTV \_\_\_\_\_  
 Fund \_\_\_\_\_ Rptg \_\_\_\_\_  
 Orgn \_\_\_\_\_ Loc \_\_\_\_\_ \*Project # \_\_\_\_\_

State of Mississippi: Mississippi Department of Human Services  
 (Department or Institution)  
 Social Security #: \_\_\_\_\_ PIN/WIN #: \_\_\_\_\_ City, Division, Area: YOUTH SERVICES  
 Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 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	

TRIP #	AMOUNT	STATE OFFICE USE ONLY
PER DIEM IN LIEU OF SALARY		
TAXABLE MEALS		
NON-TAXABLE MEALS		
LODGING		
Travel - AUTO-PRIVATE		
Travel - AUTO-RENTAL		
Travel - PUBLIC CARRIER		
OTHER:		
SUBTOTAL		
LESS TRAVEL ADVANCE		
NET REIMBURSEMENT (Refund)		

Subject to any difference 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: \_\_\_\_\_ Approved for Payment: \_\_\_\_\_ Title: \_\_\_\_\_

PENALTY FOR FRAUDULENT CLAIM - fine of not more than \$250.00; 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)

\*Third Party ONLY



## TRAVEL INSTRUCTIONS

### FRONT SHEET

- All travel must be completed in blue ink.
- All personal information must be correct. Staff can omit their address, but they must put the last four digits of their social security number.
- Staff is responsible to make sure all travel codes are correct on the top front left hand corner of the form.

The exact dates that the travel report covers must be recorded in the discharge of official duty blanks. For example if the travel report included the month of January, it will be January 1, 2010 to January 31, 2010.

A box on the left hand top corner has three options, In State, Out of State and Out of Country. Only one of these blocks will be marked. If traveled being claimed is in the State of Mississippi mark In State. If the travel is out of State (Outside of Mississippi) mark Out of State and if the travel is out of the country mark Out of the Country.

This section is completed after the back or last page is completed.

**Trip Number** is left Blank.

**PER DIEM IN LIEU OF SALARY** is not applicable.

**TAXABLE MEALS** are not approved by this division but is meals claimed and requested for reimbursement inside of a 50 mile radius.

**NON-TAXABLE MEALS** are the total amount of meals requested for reimbursement.

**LODGING** is the hotel/motel amount requested for reimbursement if paid my staff.

**Travel - AUTO-PRIVATE** is the amount of travel in personal vehicle requested for reimbursement.

**Travel- AUTO-RENTAL** is claimed only if a vehicle is rented and reimbursement is requested.

**Travel-Public Carrier** is the amount of reimbursement requested for public carrier such as bus or cab etc.

**OTHER** is anything that is approved by the Division Director that is not listed above.

**SUBTOTAL** is all the above categories added up and totaled.

**LESS TRAVEL ADVANCE** is any amount that the agency paid for in advance that is recorded on the travel report and is to be deducted from total reimbursement.

**NET REIMBURSEMENT** is the total refund amount for reimbursement requested. Make sure the front sheet is signed and dated.

### BACK PAGE OF TRAVEL

Make sure the name and date is on the top of all sheets.

The **date** is the actual date of travel.

**Purpose** is the reason for travel an example is a meeting or home visit.

**Point of Travel** is the point you start claiming travel to the designation back to where you started from or the ending point. Travel must be claimed from the shortest distance (between home and the job) if your travel begins from home.

**Total Miles** is the total amount of miles traveled.

### **What To Be Claimed When You Stay Overnight on State Business:**

**Actual Breakfast** is the amount spent on breakfast.

**Actual Lunch** is the amount spent on lunch.

**Actual Dinner** is the amount spent on dinner.

**Total Amount Allowed** is the actual amount spent **NOT What the State Allowed**. If your actual amount is more than the State allowed amount, only the allowed amount can be claimed. For example, if your actual amount is \$35.00 and the State only allowed \$31.00 dollars then only \$31.00 can be claimed. Another example if the actual amount spent is \$29.00 then you can only claim \$29.00 not \$31.00.

**Hotel/Motel** is marked if the State paid the hotel or not. If the County paid for the hotel or you stayed with a friend or relative you will enter **Provided**; if the State has direct billed the hotel, you will enter **Direct Billed**. Only put the actual amount of the hotel/motel if you actual paid the hotel bill. Remember this section cannot be blank if you stay overnight.

**Other Authorized Expenses** include parking, tips, cab, shuttle etc. The actual item and the amount of the item must be listed.

**Total** is the line that all the totals are recorded vertically. Please do not put totals until the very end if more than one page is used.

**Recap includes the Taxable meals and Non Taxable meals**. Only claim the non taxable meals and record the total amount of meals in this column.

Please complete an Out of State travel form in addition to the regular travel form when requesting out of state travel.

**NOTE: NO ALCOHOL CAN BE CLAIMED ON TRAVEL.  
INSURANCE FOR TRAVELING IS NOT PROVIDED BY THE MISSISSIPPI  
DEPARTMENT OF HUMAN SERVICES. EACH INDIVIDUAL MUST HAVE  
PERSONAL INSURANCE COVERAGE.**

### TRAVEL AUTHORIZATION

In-State \_\_\_ Out-of-State \_\_\_ Out-of-Country \_\_\_ Travel Advance \_\_\_ PTE Authorized \_\_\_

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#### TO BE COMPLETED BY TRAVELER

Name: \_\_\_\_\_ Title: \_\_\_\_\_ SS#: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Division Name: \_\_\_\_\_

Travel Date From: \_\_\_\_\_ To: \_\_\_\_\_ Destination(s): \_\_\_\_\_

Conference/ Meeting Name: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_

Travel Advance Amount: \_\_\_\_\_ Prior to Trip Expense Authorized: Yes or No

Total Estimated Cost: \_\_\_\_\_ Fund Source: General or Special *Complete Payment Info below, if known,*

Total Actual Cost: \_\_\_\_\_ Difference in Estimated and Actual Cost: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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#### TO BE COMPLETED BY AGENCY/INSTITUTION (As required by individual Agency/Institution)

Funds Certification: \_\_\_\_\_ Title \_\_\_\_\_ Date: \_\_\_\_\_

Division Approval: \_\_\_\_\_ Title \_\_\_\_\_ Date: \_\_\_\_\_

Agency Approval: \_\_\_\_\_ Title \_\_\_\_\_ Date: \_\_\_\_\_

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#### TO BE COMPLETED BY DEPT. OF FINANCE & ADMINISTRATION For Travel Outside the Continental U.S.

Budget Analyst Fund Certification: \_\_\_\_\_ Date: \_\_\_\_\_

DFA Executive Director Approval: \_\_\_\_\_ Date: \_\_\_\_\_

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#### TO BE COMPLETED BY DEPT. OF FINANCE & ADMINISTRATION For Excess Expenses Incurred on Travel Outside the Continental U. S.

Budget Analyst Fund Certification: \_\_\_\_\_ Date: \_\_\_\_\_

DFA Executive Director Approval: \_\_\_\_\_ Date: \_\_\_\_\_

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#### PAYMENT INFORMATION

SAAS Agency #: \_\_\_\_\_ Activity: \_\_\_\_\_ Trip#: \_\_\_\_\_

SPAHR Agency #: \_\_\_\_\_ Org: \_\_\_\_\_ Cat: \_\_\_\_\_

Fund#: \_\_\_\_\_

Sub Org: \_\_\_\_\_

Proj: \_\_\_\_\_

Form 13.20.20  
Revised 05/2005

**INSTRUCTIONS FOR TRAVEL AUTHORIZATION**

1. A separate form must be completed for each traveler and travel type (e.g., in-state, out-of-state, out-of-country).
2. Complete all applicable items and obtain approval PRIOR to commencing travel.
3. All travel outside the continental limits of the United States must be approved by the Department of finance and Administration prior to departure. Travel to Alaska no longer requires such approval, but travel to Hawaii or Puerto Rico does.
4. If actual expenses exceed the estimated expenses on travel out the continental limits of the United States, the original form shall be resubmitted showing the excess charges and again approved by the Department of Finance and Administration.
5. Be as accurate as possible in estimating costs, including gratuities, taxis, or any other applicable travel expenses.
6. The travel advance should include travel related costs paid by the traveler, not expenses paid directly by the agency. If an advance is not settled within 10 working days after the end of the month in which travel is completed, the traveler's paycheck WILL be held until the debt to the State is resolved. Only two outstanding advances are allowed at any time. Additional advances require DFA approval. Travel advances are available only for travel outside the State.
7. The Prior to Trip Expense authorization is granted for any lodging or public transportation purchases to be paid by the traveler prior to traveling.
8. A copy of the approved form along with supporting documentation must be submitted with the travel voucher from 13.20.10 in order to receive reimbursement.
9. For detailed line instructions, see MAAPP manual section 13.20.20.

**WORKSHEET**

	<u>Estimated Cost</u>	<u>Actual Cost</u>
Airfare	\$ _____	\$ _____
Meals (_____ Days @ \$_/Day)	\$ _____	\$ _____
Lodging (_____ Days @ \$_____/Day)	\$ _____	\$ _____
Registration Fee	\$ _____	\$ _____
Rental Car (____ Days @ \$_____/Day)	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Total	\$ =====	\$ =====