

NON-EMPLOYEE
VOUCHER FOR REIMBURSEMENT OF EXPENSES
INCIDENT TO OFFICIAL TRAVEL

DEPT. # _____
PAYMENT _____
VOUCHER # _____

FUND (A) _____
AGCY 651 _____
ORGN (B) _____
ACTV (C) _____
RPTG (D) _____

STATE OF MISSISSIPPI
(Department or Institution)

Social Security # (F) _____

Name (G) _____

Address (I) _____

(H) Title of Non-Employee _____

(J) County, Div., Area _____

LOCATION (E) _____

For mileage for 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 _____ (K) _____ to _____
— The itemized statement follows.

(CC) ALLOWABLE AMOUNT CLAIMED			AMOUNT ALLOWABLE (agency verified)		
IN-STATE TRAVEL	DOLLARS	CENTS	OBJECT CODE	DOLLARS	CENTS
PER DIEM					
TAXABLE MEALS					
NON-TAXABLE MEALS					
LODGING					
TRAVEL (AUTO-PRIVATE)					
TRAVEL (PUBLIC CARRIER)					
OTHER TRAVEL COST					
SUB-TOTAL IN-STATE					
OUT-OF-STATE TRAVEL					
MEALS					
LODGING					
TRAVEL (AUTO-PRIVATE)					
TRAVEL (AUTO-RENTAL)					
TRAVEL (PUBLIC CARRIER)					
OTHER TRAVEL COST					
SUB-TOTAL OUT-OF-STATE					
LESS: TRAVEL ADVANCE					
NET OUT-OF-STATE					
TOTAL 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.

Signature of Payee: (DD) _____ Date: (EE) _____

Verified by: (FF) _____ Title: (GG) _____

Approved for Payment: (HH) _____ Title: (II) _____

PENALTY FOR FRAUDULENT CLAIM - fine of not more than \$250; 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).

