

**VOUCHER FOR REIMBURSEMENT OF EXPENSES  
INCIDENT TO OFFICIAL TRAVEL**

**Mississippi Department of Human Services**  
Revised for Subgrant Purposes - 7/1/2012

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_  
(Last four digits)

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. (Date) (Date)

IN-STATE			OUT-OF-STATE		
	AMOUNT			AMOUNT	
MEALS (Receipts Required)			MEALS (Receipts Required)		
LODGING			LODGING		
Travel - AUTO -PRIVATE			Travel - AUTO -PRIVATE		
Travel - AUTO-RENTAL			Travel - AUTO-RENTAL		
Travel - PUBLIC CARRIER			Travel - PUBLIC CARRIER		
OTHER:			OTHER:		
			SUB-TOTAL OUT-OF-STATE		
TOTAL IN-STATE			LESS TRAVEL ADVANCE		
TOTAL OUT-OF-STATE			← TOTAL OUT-OF-STATE		
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 BY: \_\_\_\_\_ TITLE: \_\_\_\_\_

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)

