

## TRAVEL VOUCHER

State of Mississippi: Department of Human Services  
(Agency or Institution)

Employee SSN (Last 4): \_\_\_\_\_ PIN/WIN: \_\_\_\_\_

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

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

Check One:	
Employee	
Contract Worker	
Board Member	

Trip Optimizer Attached	
Yes	
No	

Reason Why Trip Optimizer <b>is not</b> Attached

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
<b>Prior to Trip Expenses (PTE) Request:</b>				
Lodging				
Public Carrier				
Registration				
<b>Payment Information (Traveler complete, if known)</b>				
Trip #				
Travel Voucher #				
SAAS Ag #				
SPAHRS Ag #				
Fund #				
Activity / Location				
Org / Sub Org				
Rpt Category				
Project / Sub Proj				

Per Diem in Lieu of Subsistence	
Taxable Meals	
Non-Taxable Meals	
Lodging	
Registration	
Total Rental Cost	
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	
Less: PTE Registration	
Net Payment (Overpayment)	

Subject to any difference determined by verification, I certify that the above 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.

Traveler: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Itemized Statement of Travel Expense**

SPAHRs Ag #:

Name:

PID#:

Date	Purpose	Points of Travel	Miles	Actual Breakfast	Actual Lunch	Actual Dinner	Daily Max	Daily Meals Allowed	Other Authorized Expenses	
									Hotel	Item Amount
<b>Non-Taxable Meals</b>										
<b>Total</b>										

<b>Taxable Meals</b>										
<b>Total</b>										
<b>Overall Total Miles Calculated</b>										
<b>Mileage Reimbursement Rate</b>										
<b>Total Mileage Dollar Amount-Non Taxable</b>										
				(\$0.58 if no state vehicle available and less than 100 miles per day are to be traveled; \$0.20 if state vehicle is available)						