

## DO NOT FAX TRAVEL

### USE PHYSICAL ADDRESS ONLY NO POST OFFICE BOXES



### TRAVEL EXPENSE REIMBURSEMENT PROCEDURES

The Division of Public Defender Training must comply with the MS Department of Finance and Administration (DFA) Travel Policy Rules & Regulations. If you have any questions, please contact Berenda Pendleton at 601-576-4210

Please mail your **signed** Travel Voucher to:

**STATE OFFICE OF PUBLIC DEFENDER  
ATTN: Berenda Pendleton  
P O Box 3510  
Jackson, MS 39207**

#### Checklist:

- 1. Expense reimbursements due within **THIRTY (30) DAYS**.
- 2. Please include your **NAME, and TITLE on both pages**
- 3. The **EXACT MEAL COST** for each meal must be entered as indicated *on the back* of your travel voucher under ***Itemized Statement of Travel Expense***. **You must submit the itemized meal receipt for each meal that you are requesting reimbursement.** It is unacceptable to simply enter the allowed amount for each day. The total from ***Daily Meals Allowed*** is then entered *on the front* of the voucher under ***NON -Taxable Meals***. The maximum amount allowed for meals in Jackson, MS is **\$41.00** per day. Please be aware that when a **meal is furnished** at the conference you **cannot** be reimbursed.
- 4. **DFA requires the original receipt of your hotel bill on the hotel's letterhead. It must have a ZERO balance.**
- 5. The Current Reimbursement Rate for Mileage is \$.56 per mile.
- 6. Your signature must be in **ink** at the bottom of the voucher.



## TRAVEL VOUCHER

State of Mississippi: MS OFFICE OF STATE PUBLIC DEFENDER - TRAINING DIVISION - FUND 3100  
(Agency or Institution)

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

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

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

I request reimbursement for subsistence and other authorized expenses paid by me incident to official travel for the State from  
June \_\_, 2014 June \_\_, 2014 The itemized statement follows.

Check (✓) One:	
Employee:	
Contract Worker:	
Board Member:	

Check (✓) Box(es):	In- State	X	Out-of- State	Out-of- Country	PTE Request
<b>Prior to Trip Expenses (PTE) Request:</b>					
Lodging	XXXXXXXXXXXXXXXXXXXXXXXXXX				
Public Carrier	XXXXXXXXXXXXXXXXXXXXXXXXXX				
<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	XXXXXXXXXXXXXXXXXXXXXXXXXX
Taxable Meals	XXXXXXXXXXXXXXXXXXXXXXXXXX
Non-Taxable Meals	
Lodging	
Travel in Private Vehicle	
Travel in Rented Vehicle	
Travel in Public Carrier	
Other:	
Sub Total	
Less: Travel Advance	XXXXXXXXXXXXXXXXXXXXXXXXXX
Less: PTE Lodging	XXXXXXXXXXXXXXXXXXXXXXXXXX
Less: PTE Public Carrier	XXXXXXXXXXXXXXXXXXXXXXXXXX
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: Office Manager

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

Approved for Payment: \_\_\_\_\_

Title: State Defender

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

