Form 13.20.10 Revised 07/2021

Verified by:

TRAVEL VOUCHER

Check One:

Revised 07/2021			Employee
	State of Mississippi: Office of State Public	Contract Worker	
		Board Member	
	Employee SSN (Last 4): *Please Note: Employee SSN is optional. On		
	Please Note: Employee SSN is optional. Or	ly utilize if requested by agency.	Trip Optimizer Attached
	Name:	PID#:	Yes
			No
	Address:		D. W. T. O. d
			Reason Why Trip Optimizer <u>is <i>not</i></u> Attached
			Attached
	I request reimbursement for subsistence and other	e State from	
	request reinfoursement for subsistence and out	r dutilionized expenses paid by the incident to official duver for the	s state from
	October, 2025 to	October, 2025 . The itemized state	ement follows.
Che		PTE Per Diem in Lieu of Subsistence	
Box	(es): State State Country	Request Tel Blein in Elea of Subsistence	
	Prior to Trip Expenses (PTE) Request:	Taxable Meals	
Lodg		Non-Taxable Meals	
	ic Carrier	Lodging	
Regi	stration	Registration	
		Total Rental Cost	
	Payment Information (Traveler complete, if kno	Travel in Private Vehicle	
Trip	#	Travel in Rented Vehicle	
Trav	el Voucher#	Travel in Public Carrier	
SAA	S Ag #	Other:	
SPA	HRS Ag #	Sub Total	
Fund	I#	Less: Travel Advance	
Activ	vity / Location	Less: PTE Lodging	
Org.	Sub Org	Less: PTE Public Carrier	
Rpt (Category	Less: PTE Registration	
Proje	ect / Sub Proj	Net Payment (Overpayment)	
<u></u>	•	<u> </u>	
		expenses for the period indicated is true and accurate in all respects, and that payn	nent for any part has not been received. In the event of overpayment, I agrree that any
future salary/travel disburseme	ents may be debited to correct the overpayment.		
Trovalar		Tido	Date
Traveler:		Title:	Date:
Approved by:		Title: Director of Training	Date:
11 .7.			
Verified by:		Title: Training Coordinator	Date

Form 13.20.10

Total

Itemized Statement of Travel Expense		SPAHRS Ag #:		Name:						PID#:		
Date Purpose		Points of Travel		Actual Breakfast	Actual Lunch	Actual Dinner	Daily Max	Daily Meals Allowed	Hotel	Other Authorized Expenses		
Date	Non-Taxable		Miles	Dieakiasi	Lunch	Dillilei	IVIAX	Allowed	Hotel	Item	Amount	
	2025 Fall Public Defender Conference	to Meridian, MS		xxxxx	XXXXXXX							
	2025 Fall Public Defender Conference											
	2025 Fall Public Defender Conference			XXXXXX	XXXXXXX							
10/24/2025	2025 Fall Public Defender Conference	Meridian, MS to		XXXXXX		XXXXXXX						
Total												
	Taxable Me	eals										
				1		1	1			1		

0.700

Overall Total Miles Calculated

Mileage Reimbursement Rate
Total Mileage Dollar Amount-Non
Taxable