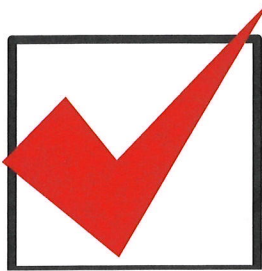


DO NOT FAX TRAVEL

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 are due within **THIRTY (30) DAYS**.
- 2. Please mail Travel Voucher and all **original** supporting **itemized meal receipts** to the above address.
- 3. Please include your **NAME, and TITLE on both pages**.
- 4. 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 ORIGINAL ITEMIZED meal receipt for each meal that you are requesting reimbursement. Please ask your server for an itemized receipt.** 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 **Gulfport, MS** is **\$68.00** per day. Please be aware that when a **meal is furnished** at the conference you **cannot** be reimbursed.
- 5. The Current Reimbursement Rate for Mileage is \$0.725 per mile.
- 6. Your signature must be in **ink** at the bottom of the voucher.

TRAVEL VOUCHER

Check One:	
Employee	<input type="checkbox"/>
Contract Worker	<input type="checkbox"/>
Board Member	<input type="checkbox"/>

<input type="checkbox"/>
<input type="checkbox"/>

State of Mississippi: _____ (Agency or Institution)

Employee SSN (Last 4): _____ PIN/WIN: _____

Please Note: Employee SSN is optional. Only utilize if requested by agency.

Name: _____ PID#: _____

Address: _____

I request reimbursement for subsistence and other authorized expenses paid by me incident to official travel for the State from _____ to _____, 2026. The itemized statement follows.

Check Box(es):	In-State	Out-of-State	Out-of-Country	PTE Request
Prior to Trip Expenses (PTE) Request:				
Lodging				
Public Carrier				
Registration				
Payment Information (Traveler complete, if known)				
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: Director of Training Date: _____

Verified by: _____ Title: Training Coordinator Date: _____

