

TRAVEL VOUCHER

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: _____

Check One:	
Employee	☐
Contract Worker	☐
Board Member	☐

	☐
	☐

To be reimbursed all travel must be approved by the School Board. Please attach a copy of the minutes were your travel was approved to this form.

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	
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Prior to Trip Expenses (PTE) Request:	
Lodging	
Public Carrier	
Registration	
Payment Information (Traveler complete, if known)	
Trip #	
Travel Voucher #	
SAAS Ag #	
SPAHS 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: _____

Superintendent: _____

Title: _____ Date: _____

PID#: _____

Note: (1) Receipts for amounts paid for lodging and other expenses must accompany this voucher. (2) All activity pertaining to a certain day should be shown on the associated line or lines (3) Daily Meals Allowed equals the total of Actual Meals, not to exceed the Maximum Daily Meal Reimbursement. (4) If tips are included in Other, then the type of tip must be identified. (5) A continuation sheet may be used if necessary