Form 13.20.10 Revised 01/2023

2024 TRAVEL VOUCHER

Check One:

Employee

	State of Mississippi:						Contract Worker		
					(Agency or			Board Member	
	Employee SSN (Last 4): PIN/WIN:								
	Please Note: Employee SSN is optional. Only utilize if requested by agency.					<u>ncy. *</u>			
	Name:					PID#:			
	Address:								The state of the s
	To h	e reimbursed	all travel mu	st be approved b	v the Schoo	Board. Please attach a copy			
				ere your travel w					
				•			G		
	I request ren	mbursement for s	ubsistence and	other authorized ex	kpenses paid t	y me incident to official travel for th	e State from		
				to		. The itemized state	ement follows.		
					-	<u> </u>			
Check Box(es):	In- State	Out-of- State	Out-of- Country	PTE Request		Per Diem in Lieu of Subsistence			
	Prior to	Trip Expenses	(PTE) Reques	t:		Γaxable Meals			
Lodging						Non-Taxable Meals			
Public Ca	rrier					Lodging			
Registrati	on					Registration			
	Payment Information (Traveler complete, if known)				7	Cotal Rental Cost			
				known)		Travel in Private Vehicle			
Trip#						Travel in Rented Vehicle			
Travel Vo	oucher#					Fravel in Public Carrier			
SAAS Ag	g #					Other:			
SPAHRS						Sub Total			
Fund #						Less: Travel Advance			
Activity /	Location					Less: PTE Lodging			
Org / Sub					<u> </u>	Less: PTE Public Carrier			
Rpt Categ					ļ <u>.</u>	Less: PTE Registration			
Project / S						Net Payment (Overpayment)			
	, <u>, , , , , , , , , , , , , , , , , , </u>				Ļ	J (1 J)	1		
Subject to any difference deter received. In the event of overp						for the period indicated is true and a orrect the overpayment.	accurate in all respe	ects, and that payment	for any part has not been
- -	_			-		_			
Traveler:						Title:	Da	te:	
Approved by:						Title:	Da	te:	
Verified by:						Title:	Da	te:	_
Superintendent:						Title:			_

Form	າ 13	.20	.10

Itemized Statement of Travel Expense

				Actual	Actual	Actual	Daily	Daily Meals		Other Authorized Expenses	
Date	Purpose	Points of Travel	Miles	Breakfast	Lunch	Dinner	Max	Allowed	Hotel	Item	Amount
Total											
		Overall Total Miles Calculated									
		Mileage Reimbursement Rate	0.67								
		Total Mileage Dollar Amount-Non									
		Taxable									
Note: (1) R	eceipts for amouonts paid for lodging a		nis vouch	ner. (2) All a	ctivity pert	aining to a	certain o	lav should	be shown or	n the associate	ed line or lines

SPAHRS Ag #: Name:

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