

# TRAVEL VOUCHER

SAMPLE

State of Mississippi: State Fire Academy  
(Agency or Institution)

Social Security #: 000-00-0000 PIN/WIN #: \_\_\_\_\_

Name: John Q. Public PID#: \_\_\_\_\_

Address: 123 Main St Brandon MS 39042

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

**Dates Go Here** I request reimbursement for subsistence and other authorized expenses paid by me incident to official travel for the State from January 1, 2009 to January 4, 2009. 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	

Payment Information <i>(Traveler complete, if known)</i>	
Trip #	
Travel Voucher #	
SAAS Ag #	<b>0502</b>
SPAHRS Ag #	<b>502</b>
Fund #	<b>3502</b>
Activity / Location	<b>5021</b>
Org / Sub Org	
Rpt Category	
Project / Sub Proj	

Per Diem in Lieu of Subsistence	
Taxable Meals	
Non-Taxable Meals	0.00
Lodging	
Travel in Private Vehicle	300.00
Travel in Rented Vehicle	
Travel in Public Carrier	
Other:	0.00
Sub Total	300.00
Less: Travel Advance	
Less: PTE Lodging	
Less: PTE Public Carrier	
Net Payment (Overpayment)	300.00

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: \_\_\_\_\_ **Associate Signature (no pencil)**

Title: Associate Instructor Date: \_\_\_\_\_

Verified by: \_\_\_\_\_ MSFA Staff Member Signature

Title: MSFA Staff Member Date: \_\_\_\_\_

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

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

**Itemized Statement of Travel Expense**

SPAHRs Ag #: 502

**John Q. Public**

SS#: **#REF!**

Date	Purpose	Points of Travel	Miles	Actual Breakfast	Actual Lunch	Actual Dinner	Daily Meals Allowed	Hotel	Other Authorized Expenses	
									Item	Amount
1/1/09	Teach Automobile Extrication-Clay County	Brandon-West Point-Brandon	150							
1/2/09	Teach Automobile Extrication-Clay County	Brandon-West Point-Brandon	150							
1/3/09	Teach Automobile Extrication-Clay County	Brandon-West Point-Brandon	150							
1/4/09	Teach Automobile Extrication-Clay County	Brandon-West Point-Brandon	150							
<div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <b>Purpose: LIST CLASS NAME and LOCATION IN COLUMN</b>  <b>Points of Travel: LIST STARTING POINT, DESTINATION, RETURN LOCATION (IF ALL IN SAME DAY)</b> </div>										
<b>Total</b>			600.00	0.00	0.00	0.00	0.00	0.00		0.00
		Mileage Reimbursement Rate	0.50							
		Total Mileage Dollar Amount	300.00							

Note: (1) Receipts for amounts paid for lodging and other expenses must accompany this voucher. (2) All activity pertaining to a certain date should be shown on the associated line or lines completely across the form. (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.