Form 13.20.10 Revised 05/2005

TRAVEL VOUCHER

001 163 475

State of I	Mississippi:	Harrison County Public D					
Social Se	ecurity #:	XXX-XX-4938					
					Check One:		
Name:	Christopher	Alan Green		PID#: 7051	Employee ✓		
Address:	2600.24+	h AVE, Gulfport, MS 39501			Contract Worker Board Member		
I request	reimbursemen	t for subsistence and other aut	thorized expenses pai	d by me incident to official travel for the S	State from		
March 1	2017	to May	31, 2017	The itemized statement	ent follows.		
Check In-	Out-of-	Out-of- PTE		D DI 131 0011	¥.		
Box(es): State	State	Country Requ		Per Diem in Lieu of Subsistence			
Prio	r to Trip Expe	enses (PTE) Request:		Taxable Meals			
Lodging				Non-Taxable Meals			
Public Carrier				Lodging			
Payment I	Payment Information (Traveler complete, if known)			Travel in Private Vehicle	389.48		
Trip#				Travel in Rented Vehicle			
Travel Voucher #				Travel in Public Carrier			
SAAS Ag#				Other:	¥		
SPAHRS Ag #							
Fund #				Sub Total	389.48		
Activity / Location				Less: Travel Advance			
Org / Sub Org				Less: PTE Lodging			
Rpt Category				Less: PTE Public Carrier			
Project / Sub Proj				Net Payment (Overpayment)	389.48		
Subject to any difference determined received. In the event of overpaymen	by verification, I of	pertify that the above amount claimed future salary/travel disbursements ma	by me for travel expenses by be debited to correct the	s for the period indicated is true and accurate in all recoverpayment.	espects, and that payment for any part has not been		
Signature of Payee:	C	r Con		Title: Assistant Public Defender	Date: July 20, 2017		
Verified by:	1 Ri			Title: Public Defender	Date: July 20, 2017		
Approved for Payment:	1			Title:	Date:		
DENALTY.	OD COALIDIA FAIR	DIAMA E-A-CI Ib 0050 III- II	the same of the sa	rolly, removed from office or position hold (Contine 25.4.94 and	25 1 91 Mice Code App -1972)		

PENALTY FOR FRAUDULENT CLAIM fine of not more than \$250; civilly liable for full amount received illegally; removal from office or position held (Section 25-1-81 and 25-1-91, Miss. Code Ann.-1972

Form 13,20,10

Itemized Statement of Travel Expense

SPAHRS Ag #: _

Name: Green, Christopher Alan

SS#: XXX-XX-4938

				Actual	Actual	Actual	Daily Meals		Other Authori	zed Expense
Date	Purpose	Points of Travel	Miles	Breakfast	Lunch	Dinner	Allowed	Hotel	Item	Amoun
3/2/17	Jall Visits	Office to HCADC to Office	12							
3/3/17	Blloxi: Diversion, Circuit Clerk	Office to Biloxi Court to Office	28							
3/6/17	Court	Office to Biloxi Court to Office	28							
3/7/17	Jail Visits	Office to HCADC to Office	12							
3/8/17	Preliminary Hearings	Office to HCADC to Office	12							
3/9/17	Jail Visits	Office to HCADC to Office	12							
3/13/17	Court	Office to Biloxi Court to Office	28							
3/14/17	Court	Office to Biloxi Court to Office	28							
3/15/17	Preliminary Hearings	Office to HCADC to Office	12							
3/20/17	Court	Office to Biloxi Court to Office	28							
3/22/17	Preliminary Hearings	Office to HCADC to Office	12							
3/23/17	Jail Visits	Office to HCADC to Office	12							
3/28/17	Jail Visits	Office to HCADC to Office	12							
	Preliminary Hearings	Office to HCADC to Office	12							
	Jail Visits	Office to HCADC to Office	12							
4/3/17		Office to Biloxi Court to Office	28							
	Jail Visits	Office to HCADC to Office	12							
	Jail Visits	Office to HCADC to Office	12							
4/10/17		Office to Biloxi Court to Office	28							
	Jail Visits	Office to HCADC to Office	12							
	Preliminary Hearings	Office to HCADC to Office	12							
	Jail Visits	Office to HCADC to Office	12							
4/17/17		Office to Biloxi Court to Office	28							
	Jail Visits	Office to HCADC to Office	12							
		Office to HCADC to Office	12							
	Preliminary Hearings	Office to HCADC to Office	12	_						
	Jail Visits		28							
4/25/17		Office to Biloxi Court to Office	12							
	Jail Visits	Office to HCADC to Office								
	Preliminary Hearings	Office to HCADC to Office	12							-
	Jail Visits	Office to HCADC to Office	12							-
5/8/17		Office to Biloxi Court to Office	28							+
5/9/17		Office to Biloxi Court to Office	28							-
7	Preliminary Hearings	Office to HCADC to Office	12							
	Jall Visits	Office to HCADC to Office	12							-
5/15/17		Office to Biloxi Court to Office	28							-
	Jail Visits	Office to HCADC to Office	12							
	Preliminary Hearings	Office to HCADC to Office	12							
	Jail Visits	Office to HCADC to Office	12							
5/22/17		Office to Biloxi Court to Office	28							
5/23/17	Biloxi: Justice, Circuit Clerk,	Office to Biloxi Court to Office	28							
5/25/17	Jail Visits	Office to HCADC to Office	12							
5/31/17	Preliminary Hearings	Office to HCADC to Office	12							
			700	0.00	0.00	0.00	0.00			1 0
otal		Mileage Reimbursement Rate	728 0.535	0,00	0.00	0.00	0.00	0.00		0.

Total Mileage Dollar Amount

S389.48

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.