

**TRAVEL VOUCHER**

State of Mississippi: Woolmarket Senior Center

(Agency or Institution)

Social Security #: \_\_\_\_\_

PIN/WIN #: \_\_\_\_\_

Name: JANET MEAUT

PID#: \_\_\_\_\_

Address: HOLD CHECK

<b>Check One:</b>	
Employee	
Contract Worker	
Board Member	

I request reimbursement for subsistence and other authorized expenses paid by me incident to official travel for the State from June 24, 2017 to July 16, 2017. The itemized statement follows.

Check Boxes):	In-State	Out-of-State	Out-of-Country	PTE Request

<b>Prior to Trip Expenses (PTE) Request:</b>				
Lodging				
Public Carrier				

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	0.00
Non-Taxable Meals	
Lodging	
Travel in Private Vehicle	81.32
Travel in Rented Vehicle	
Travel in Public Carrier	
Other:	
Sub Total	81.32
Less: Travel Advance	
Less: PTE Lodging	
Less: PTE Public Carrier	
Net Payment (Overpayment)	81.32

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: Janet Meaut

Title: Director Date: 7/24/17

Verified by: Valerie Shell

Title: Program Manager Date: 7/28/17

Approved for Payment: [Signature]

Title: Executive Director Date: 7/28/17

**Itemized Statement of Travel Expense**

SPAHRS Ag #: \_\_\_\_\_

Name: JANET MEAUT

SS#: 000-00-0000

Date	Purpose	Points of Travel	Miles	Actual Breakfast	Actual Lunch	Actual Dinner	Daily Meals Allowed	Hotel	Other Authorized Expenses	
									Item	Amount
6/26/17	Supplies for Saucier	WMSC/Hobby Lobby/WMSC	28							
6/30/17	Meeting Greg from SMPDD	WMSC/Saucier/WMSC	32							
7/7/17	Get prices for PO	WMSC/Lowes/WMSC	16							
7/11/17	Get prices for PO	WMSC/Kmart/WMSC	30							
7/14/17	Pick up supplies for Saucier	WMSC/Lowes/Kmart/WMSC	46							
Total			152	0.00	0.00	0.00	0.00	0.00		0.00
	Mileage Reimbursement Rate			0.535						
	Total Mileage Dollar Amount			81.32						

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.

# TRAVEL VOUCHER

State of Mississippi: Woolmarket Senior Center (Agency or Institution)  
 Social Security #: \_\_\_\_\_ PIN/WIN #: \_\_\_\_\_  
 Name: Sandra J Peterson PID#: \_\_\_\_\_  
 Address: 15548 Old Woolmarket Road

<b>Check One:</b>	
Employee	
Contract Worker	
Board Member	

I request reimbursement for subsistence and other authorized expenses paid by me incident to official travel for the State from  
June 30, 2017 to July 26, 2017. The itemized statement follows.

Check Box(es):	In-State	Out-of-State	Out-of-Country	PTE Request

<b>Prior to Trip Expenses (PTE) Request:</b>				
Lodging				
Public Carrier				

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

Per Diem in Lieu of Subsistence		0.00
Taxable Meals		
Non-Taxable Meals		
Lodging		
Travel in Private Vehicle		68.48
Travel in Rented Vehicle		
Travel in Public Carrier		
Other:		0.00
Sub Total		68.48
Less: Travel Advance		
Less: PTE Lodging		
Less: PTE Public Carrier		
Net Payment (Overpayment)		68.48

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 Payer: Sandra J Peterson Title: Program Aide Date: 7/26/17

Verified by: Sandra J Peterson Title: Director Date: 7/26/17

Approved for Payment: Sandra J Peterson Title: Executive Director Date: 7/28/17

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



# TRAVEL VOUCHER

State of Mississippi: Harrison County Senior Resources Agency (Agency or Institution)  
 Social Security #: 000-00-0656 PIN/WIN #: \_\_\_\_\_  
 Name: Lionel Darnel Turner PID#: \_\_\_\_\_  
 Address: Hold Check For Pickup

<b>Check One:</b>	
Employee	
Contract Worker	
Board Member	

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
Lodging				
Public Carrier				

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	
Travel in Private Vehicle	436.56
Travel in Rented Vehicle	
Travel in Public Carrier	
Other:	
Sub Total	436.56
Less: Travel Advance	
Less: PTE Lodging	
Less: PTE Public Carrier	
Net Payment (Overpayment)	436.56

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: Lionel D. Turner

Title: Caseworker Date: July 28, 2017

Verified by: Catalina Britt

Title: Program Associate Spec Date: 7/28/17

Approved for Payment: [Signature]

Title: Executive Director Date: 07/28/17

PENALTY FOR FRAUDULENT CLAIM - fine of not more than \$2500 or 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)

**Itemized Statement of Travel Expense**

SPAHRs Ag #: \_\_\_\_\_

Name: **Lionel Darnel Turner**

SS#: **000-00-0656**

Date	Purpose	Points of Travel	Miles	Actual Breakfast	Actual Lunch	Actual Dinner	Daily Meals Allowed	Hotel	Other Authoriz
									Item
7/10/17	Fleming	Gulfport	14						
	Lockhart	Gulfport	18						
	Coleman	Gulfport	18						
	SMPPD	Gulfport	18						
7/11/17	Harvey	Gulfport	18						
	Scott	Gulfport	10						
	Johnson	Gulfport	24						
	SMPPD	Gulfport	18						
7/12/17	Emery	Gulfport	20						
	Bishop	Long Beach	20						
	Day	Gulfport	16						
	SMPPD	Gulfport	18						
7/13/17	Carter	Gulfport	16						
	Spann	Gulfport	8						
	Johnson	Long Beach	22						
	SMPPD	Gulfport	18						
7/14/17	Thomas	Gulfport	24						
	Woods	Pass Christian	46						
	Cronin	Gulfport	18						
	SMPPD	Gulfport	18						
7/17/17	Brady	Gulfport	16						
	Bennett	Pass Christian	42						
	Wylie	Gulfport	24						
	SMPPD	Gulfport	18						
7/18/17	Scott	Pass Christian	58						
	Bernius	Gulfport	24						

	Stitt	Gulfport	32						
	SMPPD	Gulfport	18						
7/19/17	Govan	Pass Christian	34						
	Alexander	Gulfport	4						
	SMPPD	Gulfport	18						
7/21/17	Ponthieux	Saucier	50						
	Sallis	Gulfport	20						
	SMPPD	Gulfport	18						
7/26/17	Ball	Gulfport	40						
	SMPPD	Gulfport	18						
Total			816	0.00	0.00	0.00	0.00	0.00	
		Mileage Reimbursement Rate	0.535						
		Total Mileage Dollar Amount	436.56						

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.

**TRAVEL VOUCHER**

State of Mississippi: Harrison County Senior Resources Agency

(Agency or Institution)

Social Security #: 000-00-6668

PIN/WIN #: \_\_\_\_\_

Name: Debra Watts Tyler

PID#: 696

Address: \_\_\_\_\_

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

I request reimbursement for subsistence and other authorized expenses paid by me incident to official travel for the State from July 5, 2017 to July 24, 2017. The itemized statement follows.

Check Box(es):	In-State	Out-of-State	Out-of-Country	PTE Request
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Prior to Trip Expenses (PTE) Request:**

Lodging	
Public Carrier	

**Payment Information (Traveler complete, if known)**

Trip #	
Travel Voucher #	
SAAS Ag #	
SPAHRS Ag #	
Fund #	<input checked="" type="checkbox"/>
Activity / Location	
Org / Sub Org	
Rpt Category	
Project / Sub Proj	

Per Diem in Lieu of Subsistence	
Taxable Meals	
Non-Taxable Meals	
Lodging	
Travel in Private Vehicle	10.70
Travel in Rented Vehicle	
Travel in Public Carrier	
Other:	
Sub Total	10.70
Less: Travel Advance	
Less: PTE Lodging	
Less: PTE Public Carrier	
Net Payment (Overpayment)	10.70

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:

*Debra Watts Tyler*

Title: Registered Nurse

Date: July 24, 2017

Verified by:

*Debra Watts Tyler*

Title: Program Manager

Date: 7/28/17

Approved for Payment:

*Debra Watts Tyler*

Title: Executive Director

Date: 7/28/17





# TRAVEL VOUCHER

State of Mississippi: RSVP Senior Resources Agency

(Agency or Institution)

Social Security #: \_\_\_\_\_

PIN/WIN #: \_\_\_\_\_

Name: Genna Smith

PID#: \_\_\_\_\_

Address: Hold

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

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 Boxes:	In-State	Out-of-State	Out-of-Country	PTE Request
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Prior to Trip Expenses (PTE) Request:**

Lodging	
Public Carrier	

**Payment Information (Traveler complete, if known)**

Trip #	
Travel Voucher #	
SAAS Ag #	
SPAHRS Ag #	
Fund #	001-458-475
Activity / Location	
Org / Sub Org	
Rpt Category	
Project / Sub Proj	

Per Diem in Lieu of Subsistence	
Taxable Meals	
Non-Taxable Meals	
Lodging	
Travel in Private Vehicle	69.55
Travel in Rented Vehicle	
Travel in Public Carrier	
Other:	
Sub Total	69.55
Less: Travel Advance	
Less: PTE Lodging	
Less: PTE Public Carrier	
Net Payment (Overpayment)	69.55

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: Genna Smith

Title: Admin Asst Date: 7/26/17

Certified by: Debra Skill

Title: Program Controller Date: 7/28/17

Approved for Payment: Stephena Holland

Title: Executive Director Date: 7/28/17



# TRAVEL VOUCHER

State of Mississippi: SENIOR RESOURCES AGENCY (Agency or Institution)  
 Social Security #: 000-00-9697 PIN/WIN #: \_\_\_\_\_  
 Name: MICHELE BARBER PID#: \_\_\_\_\_  
 Address: HOLD CHECK FOR PICK UP

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

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
<b>Prior to Trip Expenses (PTE) Request:</b>				
Lodging				
Public Carrier				
<b>Payment Information (Traveler complete, if known)</b>				
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	
Travel in Private Vehicle	400.18
Travel in Rented Vehicle	
Travel in Public Carrier	
Other:	
Sub Total	400.18
Less: Travel Advance	
Less: PTE Lodging	
Less: PTE Public Carrier	
Net Payment (Overpayment)	400.18

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: Michele Barber Title: CASE WORKER Date: July 21, 2017

Verified by: Victoria Smith Title: Program Chief Substitute Date: 7/24/17

Approved for Payment: Victoria Smith Title: Executive Director Date: 7/24/17

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)

**Itemized Statement of Travel Expense**

SPAHRs Ag #:

Name: MICHELE BARBER

SS#: 000-00-9697

Date	Purpose	Points of Travel	Miles	Actual Breakfast	Actual Lunch	Actual Dinner	Daily Meals Allowed	Hotel	Other Authoriz	
									Item	
7/5/17	THORNTON	GULFPORT	4							
	MC MILLIAN	SAUCIER	42							
	GEIGER	ORANGE GROVE	26							
	SMPDD	GULFPORT	18							
7/6/17	ANDERSON K	ORANGE GROVE	20							
	REEVES	GULFPORT	4							
	SMPDD	GULFPORT	18							
7/7/17	COLE	ORANGE GROVE	24							
	MILLER	SAUCIER	42							
	SMPDD	GULFPORT	18							
7/10/17	WYLLIE	ORANGE GROVE	24							
	CLEMON	ORANGE GROVE	20							
	SMPDD	GULFPORT	18							
7/11/17	VARNER	ORANGE GROVE	30							
	HOFFMAN	ORANGE GROVE	20							
	SMPDD	GULFPORT	18							
7/12/17	RITTER	ORANGE GROVE	20							
	SMPDD	GULFPORT	18							
7/13/17	EDWARD	ORANGE GROVE	20							
	SMPDD	GULFPORT	18							
7/14/17	BARNETT	GULFPORT	12							
	LIZANA	GULFPORT	16							
	EZELL	ORANGE GROVE	28							
	SMPDD	GULFPORT	18							
7/17/17	KELLY	GULFPORT	14							
	BROOKS	ORANGE GROVE	16							

	KEYS	GULFPORT	6						
	SMPDD	GULFPORT	18						
	7/18/17 KURTZ	ORANGE GROVE	18						
	ANDERSON C	GULFPORT	12						
	SMPDD	GULFPORT	18						
	7/19/17 ERVING	LONGBEACH	24						
	SMPDD	GULFPORT	18						
	7/20/17 MALLEY	PASS CHRISTIAN	44						
	HOLLAND	SAUCIER	46						
	SMPDD	GULFPORT	18						
Total			748	0.00	0.00	0.00	0.00	0.00	0.00
	Mileage Reimbursement Rate		0.535						
	Total Mileage Dollar Amount		400.18						

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 associate 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 it then the type of tip must be identified. (5) A continuation sheet may be used if necessary.

# TRAVEL VOUCHER

State of Mississippi: Harrison County Senior Resource Agency (Agency or Institution)

Social Security #: XXX-XX-5845 PIN/WIN #: \_\_\_\_\_

Name: Valerie Hill PID#: \_\_\_\_\_

Address: HOLD

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

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

**Prior to Trip Expenses (PTE) Request:**

Lodging	
Public Carrier	

**Payment Information (Traveler complete, if known)**

Trip #	
Travel Voucher #	
SAAS Ag #	
SPAHRS Ag #	
Fund #	001-452-475
Activity / Location	
Org / Sub Org	
Rpt Category	
Project / Sub Proj	

Per Diem in Lieu of Subsistence	
Taxable Meals	
Non-Taxable Meals	
Lodging	
Travel in Private Vehicle	148.62
Travel in Rented Vehicle	
Travel in Public Carrier	
Other:	
Sub Total	148.62
Less: Travel Advance	
Less: PTE Lodging	
Less: PTE Public Carrier	
Net Payment (Overpayment)	148.62

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: Valerie Hill

Certified by: Valerie P. Jenkins

Approved for Payment: Blayne S. Davis

PENALTY FOR FRAUDULENT CLAIM - fine of not more than \$250 or imprisonment for full amount received illegally; removal from office or position held (Section 25-1-481 and 25-1-91, Miss. Code Ann. -1972)

Title: Program/Client Intake Specialist Date: July 28, 2017

Title: Services Coordinator Date: July 28, 2017

Title: Executive Director Date: July 28, 2017

**Itemized Statement of Travel Expense**

SPAHRS Ag #: \_\_\_\_\_

Name: **Valerie Hill**

SS#: **XXX-XX-5845**

Date	Purpose	Points of Travel	Miles	Actual Breakfast	Actual Lunch	Actual Dinner	Daily Meals Allowed	Hotel	Other Authorized Expenses	
									Item	Amount
6/26/17	Mail	Courthouse	10							
6/28/17	Drop off items	Frances Fredericks	13							
6/30/17	Mail	Courthouse	10							
7/7/17	Bookkeeping/Payroll	Courthouse	10							
7/7/17	G. Harry Client	Goldfinch Drive	13							
7/10/17	Pick up papers	Frances Fredericks	13							
7/10/17	Picked up items to bring back	Thompson	14							
7/11/17	Bookkeeping	Courthouse	10							
7/11/17	Store items	Sams	16							
7/11/17	Avery	Biloxi	13							
7/12/17	Pick up items	Sams	16							
7/12/17	SCP	Westside Community Center	12							
7/17/17	Bookkeeping	Courthouse	10							
7/19/17	Store items	Sams	16							
7/20/17	Avery	Biloxi	13							
7/21/17	Payroll	Courthouse	10							
7/21/17	County Administrator	Courthouse	10							
7/24/17	Paperwork	Cardinal Drive	13							
7/27/17	Time clock issues	Saucier Center	46							
7/28/17	Drop off travel and other papers	C	10							
<b>Total</b>			<b>278</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>		<b>0.00</b>
Mileage Reimbursement Rate			<b>0.535</b>							
Total Mileage Dollar Amount			<b>148.62</b>							

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.