10011	Date:	Approved for raylitetit. PENALD FOR FRAUDULENT CLAIM - fine of for more than Saco Coulty Lawre for full amount received illego	App
	Phopas xlub	Verified by:	Ver
Date: 7/27/17	Title: Director	Signature of Payce: Janut II least	Sign
\cdot , and that payment for any part has not been	or the period indicated is true and accurate in all respects verpayment.	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.	Subje receiv
81.32	Net Payment (Overpayment)	Project / Sub Proj	
	Less: PTE Public Carrier	Rpt Category	
	Less: PTE Lodging	Org / Sub Org	
	Less: Travel Advance	Activity / Location	
81.32	Sub Total	Fund #	
		SPAHRS Ag #	
	Other:	SAAS Ag #	
	Travel in Public Carrier	Travel Voucher #	
	Travel in Rented Vehicle	Trip#	
81.32	Travel in Private Vehicle	Payment Information (Traveler complete, if known)	
	Lodging	Public Carrier	
	Non-Taxable Meals	Lodging	
0.00	Taxable Meals	Prior to Trip Expenses (PTE) Request:	
	Per Diem in Lieu of Subsistence	CheckIn-Out-of-Out-of-PTEBox(es):StateStateCountryRequest	
illows.	The itemized statement follows.	June 24, 2017 to July 16, 2017	
from	by me incident to official travel for the State	I request reimbursement for subsistence and other authorized expenses paid by me incident to official travel for the State from	
Contract Worker Board Member		Address: HOLD CHECK	
Employee	PID#:	Name: JANET MEAUT	
	(Agency or Institution) PIN/WIN #8	Social Security #:	
		State of Mississippi: Woolmarket Senior Center	

Form 13.20.40

Itemized Statement of Travel Expense

SPAHRS Ag #:

Name: JANET MEAUT

SS#: 000-00-0000

ociated line or ided in Other,	the asso	Tips an	nent. (4) I	tain date sh Reimburser	ng to a cer aily Meal	ivity pertaini Maximum D	2) All act xceed the	expenses must accompany this voucher. (equals the total of Actual Meals, not to exheet may be used if necessary.	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.	lines then t
			3				81.32	Total Mileage Dollar Amount		1
							0.535	Mileage Reimbursement Rate		
0.00		0.00	0.00	0.00	0.00	0.00	152		Total	Total
							46	WMSC/Lowes/KMart/WMSC	7/14/17 Pick up supplies for Saucier	7/
							30	WMSC/Kmart/WMSC	7/11/17 Get prices for PO	7/
							16	WMSC/Lowes/WMSC	7/7/17 Get prices for PO	
							32	WMSC/Saucier/WMSC	6/30/17 Meeting Greg from SMPDD	0
							28	WMSC/Hobby Lobby/WMSC	6/26/17 Supplies for Saucier	6/
em Amount	Item	Hotel	Allowed	Dinner	Lunch	Breakfast	Miles	Points of Travel	Date Purpose	T
ther Authorized Expense	ther A		Daily Meals	Actual	Actual	Actual				
	1									1

1, Miss. Code Ann1972)	ly; removal from office or position held (Section 25-1-81 and 25-1-91, Miss. Code Ann -1972)	PENALTY FOR FRAUDULENT CLAIM - fine of not more than \$250, civilly liable for full amount received illegally; removal from office
h Date: 7/28/17	Title: Encereting fleshy	Approved for Payment: Amus habe
Date: 7/26/17	Title: Director	Verified by: Weaut 1
Date: 1/26/17	Title: Program Aide	Signature of Payee: Junde Titus
s, and that payment for any part has not been	or the period indicated is true and accurate in all respect werpayment.	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 eccived. In the event of overpayment, I agree that any future salary/travel disbursements may be debited to correct the overpayment.
68.48	Net Payment (Overpayment)	Project / Sub Proj
	Less: PTE Public Carrier	Rpt Category
	Less: PTE Lodging	Org / Sub Org
	Less: Travel Advance	Activity / Location
68.48	Sub Total	Fund #
		SPAHRS Ag #
0.00	Other:	SAAS Ag #
	Travel in Public Carrier	Travel Voucher #
	Travel in Rented Vehicle	Trip#
68.48	Travel in Private Vehicle	Payment Information (Traveler complete, if known)
	Lodging	Public Carrier
	Non-Taxable Meals	Lodging
0.00	Taxable Meals	Prior to Trip Expenses (PTE) Request:
	Per Diem in Lieu of Subsistence	CheckIn-Out-of-Out-of-PTEBox(es):StateStateCountryRequest
ollows.	. The itemized statement follows.	June 30, 2017 July 26, 2017
from	by me incident to official travel for the State	I request reimbursement for subsistence and other authorized expenses paid by me incident to official travel for the State from
Contract Worker Board Member		Address: 15548 Old Woolmarket Road
Employee	PID#:	Name: Sandra J Peterson
	(Agency or Institution) PIN/WIN #:	Social Security #:
		orace or infrastraction of the state of the

Itemized Statement of Travel Expense

SPAHRS Ag #:

Name: Sandra J Peterson

SS#: 000-00-0000

line or Other,	the associated I re included in C	shown on 4) If Tips a	te should be irsement. (a certain da	rtaining to um Daily N	the Maximu	ot to exceed	on sheet may be used if necessary.	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.	lines then t
							68.48	Total Mileage Dollar Amount	(1) Dooler C	_
							0.535	Mileage Reimbursement Rate		
0.00		0.00	0.00	0.00	0.00	0.00	128		otal	Total
							32	WMSC/Saucier/WMSC	7/25/17 Cover center for trip	7//
							16	WMSC/Lowes/WMSC	7/18/17 Pick up PO items for Saucier	7/
							32	WMSC/Saucier/WMSC	7/12/17 Cover center for trip	7/
							16	WMSC/Wal Mart/WMSC	7/11/17 Pick up item for lunch	7/
							32	WMSC/Saucier/WMSC	6/30/17 End of month reports	<u>Θ</u>
Amount	Item	Hotel	Allowed	Dinner	Lunch	Breakfast	Miles	Points of Travel	Date Purpose	
ed Expenses	Other Authorized Expense		Daily Meals	Actual	Actual	Actual				
	SS#: 000-00-0000	SS#:			Peterson	Name: Sandia J Peterson	Name:	SFARING AS #.	sources Superior of Exercit Expense] [

Social Security #: DOR-OR-OR-OR-OR-OR-OR-OR-OR-OR-OR-OR-OR-O	Jack Date: 1/24/11		
Social Security #: DOL-00-0656 Check For Pickup PiD#:	0 11	Netgran slubske	of Calquisant
Social Security #: DOD-00-06-0666 Check For Pickup Employee PiNWIN #: PiD#: Employee PiD#: Employee PiD#:	Date: July 28, 2017	10	e of Payee: Corel O. Turn
Name: Lionel Darnel Turner PIDA: PIDA: PIDA: Employee PIN/WIN #: Check Or	cts, and that payment for any part has not b	or the period indicated is true and accurate in all respectiverpayment.	any difference determined by verification, I certify that the above amount claimed by me for travel expenses fo in the event of overpayment, I agree that any future salary travel disbursements may be debited to correct the o
Social Social Security #: D00-00-0656 Check Of Name: Lionel Darmel Turner PID#: Employee Check Of Employee Contract Worker	436.56	Net Payment (Overpayment)	Project / Sub Proj
Social Security #:		PTE Pu	Rpt Category
Social Security #: DOD-00-0656 Check Of Name: Lionel Darnel Turner Lionel Darnel Turner PID#: Check Of Name: Lionel Darnel Turner PID#: Check Of Name: Lionel Darnel Turner PID#: Check Of Name: Lionel Darnel Turner PID#: Controct Country PID#: Countroct Name: Lionel Darnel Torsubsistence and other authorized expenses paid by me incident to official travel for the State from Trequest reimbursement follows. Parter Durnoct Name: Parter Name: Per Diem in Lieu of Subsistence Name: Na		PTE	Org / Sub Org
Social Security #:		Travel /	Activity / Location
Social Security #:	436.56	Sub Total	Fund #
Social Security #: OOO-OO-O6568 PID/WIN #: Name: Lionel Darnel Turner PID/WIN #: Address: Hold Check For Pickup I request reimbursement for subsistence and other authorized expenses paid by me incident to official travel for the State from . The itemized statement follows. Country PTE			SPAHRS Ag #
Social Security #: OOO-OO-O656 PIN/WIN #: Name: Lionel Darmel Turner PID#: PID#: Employer Address: Hold Check For Pickup I request reimbursement for subsistence and other authorized expenses paid by me incident to official travel for the State from . The itemized statement follows. **Request: State Out-of- Country PTE Country PTE Country PTE Country PTE Country PTE Prior to Trip Expenses (PTE) Request: Anon-Taxable Meals Non-Taxable Meals Non-Taxable Meals Lodging **Payment Information (Traveler complete, if known) Travel in Private Vehicle Travel in Public Carrier **Travel in Public Carrier Travel in Public Carrier Travel in Public Carrier Travel in Public Carrier **Pool-Oo-Oo-Oo-Oo-Oo-Oo-Oo-Oo-Oo-Oo-Oo-Oo-Oo-		Other:	SAAS Ag #
Social Security #: OOO-OO-0656 Name: Lionel Darnel Turner		Travel in Public Carrier	Travel Voucher #
Name: Lionel Darnel Turner Dou-00-0656 PIN/WIN #: Employer		Travel in Rented Vehicle	Trip#
Social Security #: 000-00-0656 Name: Lionel Darnel Turner		Travel in Private Vehicle	Payment Information (Traveler complete, if known)
Social Security #: 000-00-0656 Name: Lionel Darnel Turner		Lodging	Public Carrier
Social Security #: 000-00-0656 PIN/WIN #: Employ PIN/WIN #: Employ PIN/WIN #: Employ PIN/WIN #: Employ PID#: PID#: Prior to Trip Expenses (PTE) Request: Contract PID#: PIN/WIN #: Employ PID#: PID#: PIN/WIN #: Employ PID#: PID#: PIN/WIN #: Employ PID#: PID#: PID#: PIN/WIN #: Employ PID#: PIN/WIN #: Employ PID#: PID		Non-Taxable Meals	Lodging
Social Security #: 000-00-0656 PIN/WIN #: Name: Lionel Darnel Turner PICkup Address: Hold Check For Pickup I request reimbursement for subsistence and other authorized expenses paid by me incident to official travel for the State from		Taxable Meals	Prior to Trip Expenses (PTE) Request:
#: Emplo Contra Board to official travel for the State from The itemized statement follows.		Per Diem in Lieu of Subsistence	In- Out-of- Out-of- State State Country
#: Emplo Contra Board to official travel for the State from	follows.	. The itemized statement	ot
Security #: 000-00-0656 PIN/WIN #:	e from		I request reimbursement for subsistence and other authorized expenses paid
Security #: 000-00-0656 PIN/WIN #:	Contract Worker Board Member		
000-00-0656 PIN/WIN #:	Check On Employee	PID#:	
		PIN	000-00-0656

Form 13.20.10

Itemized State

Itemized	Stateme	Itemized Statement of Travel Expense	SPAHRS Ag #:	Name:	Name: Lionel Darnel Turner	nel Turne			SS#:	SS#: 000-00-0656
Date		Purpose	Points of Travel	Miles	Actual Breakfast	Actual Lunch	Actual Dinner	Daily Meals Allowed	Hotel	Other Authoriz
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	1 6						
		SMPPD	Gulfport	18						
7/13/17		Carter	Gulfport	16						
		Spann	Gulfport	œ						
		Johnson	Long Beach	22						
		SMPPD	Gulfport	18						
7/14/17		Thomas	Gulfport	24						
-		Woods	Pass Christian	46						
		Cronin	Gulfport	18						
		SMPPD	Gulfport	1 8						
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						

ciated line or ed in Other,	on the assoc s are includ	be shown (4) If Tipe	date should bursement.	o a certain o Meal Reim	pertaining to imum Daily	All activity od the Max	penses must accompany this voucher. (2) A quals the total of Actual Meals, not to excee	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,	Note: (1 lines con
						436.56	Total Mileage Dollar Amount		
						0.535	Mileage Reimbursement Rate		
	0.00	0.00	0.00	0.00	0.00	816			Total
						18	Gulfport	SMPPD	
						40	Gulfport	26/17 Ball	7/26/17
						18	Gulfport	SMPPD	
						20	Gulfport	Sallis	
						50	Saucier	21/17 Ponthieux	7/21/17
						18	Gulfport	SMPPD	
						4	Gulfport	Alexander	
						34	Pass Christian	19/17 Govan	7/19/17
						18	Gulfport	SMPPD	
_	_				_	32	Gulfport	Stiff	Γ

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

State of	State of Mississippi: Harrison County Senior Resources Agency	Agency	
Social S		(Agency or Institution) PIN/WIN #:	
Name:	Debra Watts Tyler	PID#: 696	Check One: Employee
Address:			Contract Worker Board Member
I request	t reimbursement for subsistence and other authorized ex	I request reimbursement for subsistence and other authorized expenses paid by me incident to official travel for the State from	m
July 5, 2017	2017 to July 24, 2017	. The itemized statement follows	WS.
Check In- Box(es): State	Out-of- Out-of- PTE State Country Request	Per Diem in Lieu of Subsistence	
Prio	Prior to Trip Expenses (PTE) Request:	Taxable Meals	
Lodging		Non-Taxable Meals	
Public Carrier		Lodging	
Payment l	Payment Information (Traveler complete, if known)	Travel in Private Vehicle	10.70
Trip#		Travel in Rented Vehicle	
Travel Voucher#		Travel in Public Carrier	
SAAS Ag #		Other:	
SPAHRS Ag #			
Fund#		Sub Total	10.70
Activity / Location		Less: Travel Advance	ŭ.
Org / Sub Org		Less: PTE Lodging	
Rpt Category		Less: PTE Public Carrier	
Project / Sub Proj		Net Payment (Overpayment)	10.70
Subject to any difference determined received. In the event of overpaymen	Subject to any difference determined by verification, I certify that the above amount claimed by me for travel expenses for the period received. In the event of overpayment, I agree that any future salary/travel disbursements may be debited to correct the overpayment.	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.	d that payment for any part has not been
Signature of Payee:	Upa Watto Ja	Title: Registered Nurse	Date: July 24, 2017
Verified by:	The Contract of	Title Program Shotale	Date: 7/28/17
Approved for Payment:	thurse look	Title: Procusive Desertion	Date: 7/28/17

LEWALTY FOR TRAUDULENT 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: Debra Watts Tyler

SS#: 000-00-6668

	J 1 1 1				A 11				Nata: (1)
						10 70	Total Mileage Dollar Amount		
						0.535	Mileage Reimbursement Rate		
	0.00	0.00	0.00	0.00	0.00	20	以 · · · · · · · · · · · · · · · · · · ·		Total
	*								
) - (-									
×									
						20	LSC to Sams Club and Back	7/6/17 Supplies	7/6/17
Item	Hotel	Allowed	Dinner		Breakfast	Miles	Points of Travel	Purpose	Date
Other Authoriz		Daily Meals	Actual	Actual	Actual				
				,,,,,			d		

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

form 13.20.10 evised 05/2005

ss Code Ann -1972)	or position held (Section 25	PENALTY FOR FRAUDULENT CLAIM - fine of not more than \$250; civilly liable for full amount received illegally; removal from office	PENALTY FOR FRAUDULENT CL
Date: 1/28/17	Title: S. Mandana Mandan	telesa Deland	or Payment:
alasta.	de	W.W	'erified by:
Date: 7/26/17	Title: Romin Rust	Smith	ignature of Payee:
id that payment for any part has not been	or the period indicated is true and accurate in all respects, and werpayment.	ubject 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 ceived. In the event of overpayment, I agree that any future salary/travel disbursements may be debited to correct the overpayment.	ubject to any difference determined by verification, I ce ceived. In the event of overpayage, I agree that any fi
69.55	Net Payment (Overpayment)		Project / Sub Proj
200	Less: PTE Public Carrier		Rpt Category
	Less: PTE Lodging		Org / Sub Org
	Less: Travel Advance		Activity / Location
69.55	Sub Total	001-458-475	Fund #
			SPAHRS Ag #
	Other:		SAAS Ag #
	Travel in Public Carrier		Travel Voucher #
	Travel in Rented Vehicle		Trip#
69.55	Travel in Private Vehicle	Payment Information (Traveler complete, if known)	Payment Information (Tr
	Lodging		Public Carrier
	Non-Taxable Meals		Lodging
	Taxable Meals	Prior to Trip Expenses (PTE) Request:	Prior to Trip Expe
	Per Diem in Lieu of Subsistence	Out-of- PTE Country Request	Check In- Out-of-Box(es): State ✓ State
WS:	. The itemized statement follows.	to	
m	by me incident to official travel for the State from	I request reimbursement for subsistence and other authorized expenses paid by me incident	I request reimbursement
Board Member			Address: Hold
Employee \(PID#:		Name: Genna Smith
	(Agency or Institution) PIN/WIN #:	(Agency o	Social Security #:
		RSVP Senior Resources Agency	State of Mississippi:

³orm 13.20.10

temized Statement of Travel Expense SPAHRS Ag #: Name: Genna Smith SS#: 000-00-0000

						69.55	Total Mileage Dollar Amount		
						0.535	Mileage Reimbursement Rate		
	0.00	0.00	0.00	0.00	0.00	130			otal
						34	rsvp/Biloxi Courthouse RT	7/25/17 Biloxi Court House/School Drive	7/25/1
						22	rsvp/IP Casino RT	7/19/17 lp Casino/ Senior Prom meetign	7/19/1
						14	rsvp/charles walker RT	7/12/17 Senior BBC/Senior Companion	7/12/1
						10	rsvp/courthouse RT	7/6/17 School Suppy box/Courthouse	7/6/1
						10	rsvp/courthouse RT	7/6/17 Mail/Courthouse	7/6/1
						10	rsvp/courthouse RT	6/15/17 Mail/courthouse	6/15/
						10	rsvp/courthouse RT	6/6/17 TRIAD/Courthouse Pick up Check	6/6/
						10	rsvp/courthouse RT	5/17/17 Mail/Courthouse	5/17/
						10	rsvp/courthouse RT	4/19/17 Mail/Courthouse	4/19/
Item	Hotel	Allowed	Dinner	Lunch	Breakfast	Miles	Points of Travel	Purpose	Date
Other Authoriz		Daily Meals	Actual	Actual	Actual				

en the type of tip must be identified. (5) A continuation sheet may be used if necessary. lote: (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 nes 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 (

Form 13.20.10 Revised 05/2005

TRAVEL VOUCHER

		State of Mississippi: Social Security #:	ississippi: uritv #:	SENIOR RESOURCES AGENCY 000-00-9697	SOURCES	AGENCY	(Agency o	(Agency or Institution) PIN/WIN #:	
		Name: N	MICHELE BARBER	RBER				PID#:	Check One: Employee
		Address:	НОГД СН	HOLD CHECK FOR P	PICK UP				Contract Worker Board Member
		I request re	eimbursement	for subsistence	e and other a	uthorized ex	penses paid	I request reimbursement for subsistence and other authorized expenses paid by me incident to official travel for the State from	e State from
					l to			The itemized statement follows	ment follows.
	Check Box(es):	In- State	Out-of- State	Out-of- Country		PTE Request		Per Diem in Lieu of Subsistence	
		Prior	to Trip Expe	Prior to Trip Expenses (PTE) Request:	equest:			Taxable Meals	
	Lodging							Non-Taxable Meals	
	Public Carrier	rier						Lodging	
		Payment Int	formation (T)	Payment Information (Traveler complete,	ete, if known)			Travel in Private Vehicle	400.18
	Trip#							Travel in Rented Vehicle	
	Travel Voucher	ucher#						Travel in Public Carrier	
	SAAS Ag #	#						Other:	
	SPAHRS Ag	Ag#							
	Fund #							Sub Total	400.18
	Activity / Location	Location						Less: Travel Advance	
	Org / Sub Org	Org						Less: PTE Lodging	
	Rpt Category	ory						Less: PTE Public Carrier	ia.
	Project / Sub Proj	ub Proj						Net Payment (Overpayment)	400.18
Subject received Signati	Subject to any difference received. In the event of Signature of Payee:	e determined by foverpayment, I	verification, I ce	rtify that the abouture salary/travel	e amount claime disbursements r	ed by me for tra	to correct the	for the period indicated is true and accurate in all overpayment. Title: CASE WORKER	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 Payce: Title: CASE WORKER Date: July 21, 2017
Verified by:	id by:	aller	The same	A Company	2			Title: Mozan Chest &	1/24/17
Appro	Approved for Payment:	FNALT	R FRAUDULENT CL	AIM - fine of not mor	e than \$250; civilly	liable for the amou	nt received illegal	Title: Equal Met. FOR FRAUDULENT CLAIM - fine of not more than \$250; civilly liable for the smount received illegally; removal from office or position held (Section 25-1-81 as	100 Jac. Date: 7/24/17
		L'ENDE!	IN PRODUCEINI OF	AIM - Tine or not mor	e than \$250; civiliy	hable tot suramou	nt received illegal		or position held (Section 25-1-81 and 25-1-91, Miss. Code Ann1972)

Form 13.20.10

Itemized Statement of Travel Expense

SPAHRS Ag #:

Name: MICHELE BARBER

SS#: 000-00-9697

						16	ORANGE GROVE	BROOKS	
						14	GULFPORT	KELLY	7/17/17 KELLY
9						18	GULFPORT	SMPDD	
						28	ORANGE GROVE	EZELL	
						16	GULFPORT	LIZANA	
						12	GULFPORT	7/14/17 BARNETT	7/14/17
						18	GULFPORT	SMPDD	
						20	ORANGE GROVE	EDWARD	7/13/17
						18	GULFPORT	SMPDD	
						20	ORANGE GROVE	RITTER	7/12/17
						18	GULFPORT	SMPDD	
						20	ORANGE GROVE	HOFFMAN	
						30	ORANGE GROVE	7/11/17 VARNER	7/11/17
						18	GULFPORT	SMPDD	
						20	ORANGE GROVE	CLEMON	
						24	ORANGE GROVE	WYLIE	7/10/17 WYLIE
						18	GULFPORT	SMPDD	
						42	SAUCIER	MILLER	
						24	ORANGE GROVE	COLE	7/7/17
						18	GULFPORT	SMPDD	
						4	GULFPORT	REEVES	
						20	ORANGE GROVE	ANDERSON K	7/6/17
						18	GULFPORT	SMPDD	
						26	ORANGE GROVE	GEIGER	
						42	SAUCIER	MCMILLIAN	
						4	GULFPORT	THORNTON	7/5/17
Item	Hotel	Allowed	Dinner	Lunch	Breakfast	Miles	Points of Travel	Purpose	Date
Other Authoriz		Daily	Antijal	Actual	Actual				

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

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

viss. Code Ann1972)	librate for full amount received illegally; removal from office or position held (Section 25-1-81 and 25-1-91, Miss. Code Ann1972)	PENALTY FOR FRAUDITENT CLAIM - fine of not thore than \$250, away liable for full amount received illegal	PENALTY FOR FR
Date: July 28, 2017	Title: Executive Director	in the Double	pproved for Phymens Hou
Date: July 28, 2017	Title: Services Coordinator	Jent 1	erified by: Walanda
Date: July 28, 2017	Title: Program/Client Intake Specialist	month	ignature of Payee:
and that payment for any part has not been	or the period indicated is true and accurate in all respects, a verpayment.	bject 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 ceived. In the event of overpayment, I agree that any future salary/travel disbursements may be debited to correct the overpayment.	bject to any difference determined by veri ceived. In the event of overpayment, I agro
148.62	Net Payment (Overpayment)		Project / Sub Proj
	Less: PTE Public Carrier		Rpt Category
	Less: PTE Lodging		Org / Sub Org
	Less: Travel Advance		Activity / Location
148.62	Sub Total	001-452-475	Fund #
			SPAHRS Ag #
	Other:		SAAS Ag #
	Travel in Public Carrier		Travel Voucher #
	Travel in Rented Vehicle		Trip#
148.62	Travel in Private Vehicle	Payment Information (Traveler complete, if known)	Payment Inforr
	Lodging		Public Carrier
	Non-Taxable Meals		Lodging
	Taxable Meals	Prior to Trip Expenses (PTE) Request:	Prior to T
	Per Diem in Lieu of Subsistence	Out-of- Out-of- PTE State Country Request	Check In- Box(es): State
lows.		to	
om	by me incident to official travel for the State fr	I request reimbursement for subsistence and other authorized expenses paid by me incident to official travel for the State from	I request reiml
Contract Worker Board Member		HOLD	Address: H
Check One:	PID#:	Valerie Hill	Name: Vale
	PIN/WIN #:	XXX-XX-5845	Social Security #:
	- T	Harrison County Senior Resource Age	State of Mississippi:

temized Statement of Travel Expense

SPAHRS Ag #:

Name: Valerie Hill

SS#: XXX-XX-5845

•	ä					A 11		d other expenses must be be seen this	Jota: (1) Pacainte for amounts noid for ladeing an
							148.62	Total Mileage Dollar Amount	
							0.535	Mileage Reimbursement Rate	
0.00		0.00	0.00	0.00	0.00	0.00	278		otal
							10	С	7/28/17 Drop off travel and other papers
							46	Saucier Center	7/27/17 Time clock issues
							13	Cardinal Drive	7/24/17 Paperwork
							10	Courthouse	7/21/17 County Administrator
							10	Courthouse	7/21/17 Payroll
							13	Biloxi	7/20/17 Avery
							16	Sams	7/19/17 Store items
							10	Courthouse	7/17/17 Bookkeeping
							12	Westside Community Center	7/12/17 SCP
							16	Sams	7/12/17 Pick up items
							13	Biloxi	7/11/17 Avery
							16	Sams	
							10	Courthouse	7/11/17 Bookkeeping
							14	Thompson	7/10/17 Picked up items to bring back
							13	Frances Fredericks	7/10/17 Pick up papers
							13	Goldfinch Drive	7/7/17 G. Harry Client
							10	Courthouse	7/7/17 Bookkeeping/Payroll
							10	Courthouse	6/30/17 Mail
							13	Frances Fredericks	6/28/17 Drop off items
							10	Courthouse	6/26/17 Mail
Amount	Item	Hotel -	Allowed	Dinner	Lunch	Breakfast	Miles	Points of Travel	Date Purpose
d Expenses	Other Authorized Expenses		Daily Meals	Actual	Actual	Actual			

nen the type of tip must be identified. (5) A continuation sheet may be used if necessary. lote: (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 nes 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,