

TRAVEL VOUCHER

001 163 475

State of Mississippi: Harrison County Public Defenders Office
(Agency or Institution)
Social Security #: XXX-XX-4660 PIN/WIN #: _____
Name: Billy E. Stage PID#: _____
Address: 2600 24th AVE, Gulfport, MS 39501

Check One:	
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 1, 2017 to July 7, 2017. 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 (Traveler complete, if known)	
Trip #	
Travel Voucher #	
SAAS Ag #	
SPAHS 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	27.82
Travel in Rented Vehicle	
Travel in Public Carrier	
Other:	
Sub Total	27.82
Less: Travel Advance	
Less: PTE Lodging	
Less: PTE Public Carrier	
Net Payment (Overpayment)	27.82

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: _____
Verified by: [Signature]
Approved for Payment: [Signature]

Title: Assistant Public Defender Date: July 7, 2017
Title: Public Defender Date: July 7, 2017
Title: _____ Date: _____

agenda 8/7/17

Itemized Statement of Travel Expense

SPAHRS Ag #: _____

Name: Stage, Billy E.

SS#: XXX-XX-4660

Date	Purpose	Points of Travel	Miles	Actual Breakfast	Actual Lunch	Actual Dinner	Daily Meals Allowed	Hotel	Other Authorized Expenses	
									Item	Amount
7/5/17	Court	Office to Biloxi Court to Office	28							
7/6/17	Jail Visits	Office to HCADC to Office	12							
7/7/17	Prelims	Office to HCADC to Office	12							
Total			52	0.00	0.00	0.00	0.00	0.00		0.00

Mileage Reimbursement Rate	0.535
Total Mileage Dollar Amount	\$27.82

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.