TRAVEL VOUCHER

001 163 475

Revised 05/2005		1.00 (
	State of Mississippi	Harrison Count	y Public Defender	(A =	- Versited in S		
	Social Security #: (Agency			or Institution) PIN/WIN #:			
	Name: Robert C Stewart				PID#:		Check One: Employee
	Address: 2547	1 Notre Dame Ave. F	Pass Christian, MS 3	39571		Contract Worker Board Member	
					11	Ctata franc	
	I request reimbursement for subsistence and other authorized expens				•		
					. The itemized stater		
Check Box(es):	In- Out- State Sta		PTE Request		Per Diem in Lieu of Subsistence		
	Prior to Trip Expenses (PTE) Request:				Taxable Meals		
Lodging					Non-Taxable Meals		
Public Ca	arrier				Lodging		
	Payment Information (Traveler complete, if known)				Travel in Private Vehicle		419.44
Trip #					Travel in Rented Vehicle		
Travel V	oucher#				Travel in Public Carrier		
SAAS A	g#				Other:		
SPAHRS	Ag#						
Fund #					Sub Total		419.44
Activity /	Location				Less: Travel Advance		
Org / Sub) Org				Less: PTE Lodging		
Rpt Categ	Rpt Category Project / Sub Proj		Less: PTE Public Carrier			~	
Project /				Net Payment (Overpayment)		419.44	
Subject to any different received. In the event	ce determined by verification of overpayment, Lagree that	n, I certify that the above an	mount claimed by me for trav	vel expenses o correct the	for the period indicated is true and accurate in all overpayment.	respects, and that pa	yment for any part has not been
Signature of Payee	1109	St. J.			1 1 1 1 1 1	lender De	ate: 7-18-17
Verified by:				Title: Public Defer	de D	ate: <u>7-18-17</u>	
Approved for Payment:				Title:	D	ate:	

Date

Itemized Statement of Travel Expense

4/3/17 Circuit Ct, Biloxi

4/5/17 Jail, client visit

4/6/17 Jail, client visit

4/10/17 Circuit Ct, Biloxi

4/12/17 Jail. Prelims

4/13/17 Jail, clent visit

4/17/17 Circuit Ct, Biloxi

4/18/17 Jail, client visit

4/20/17 Jail, client visit

4/24/17 Circuit Ct, Biloxi

4/25/17 Jail, client visit

5/3/17 Jail., prelims

5/4/17 Jail, client visit

5/8/17 Circuit Ct, Biloxi

5/9/17 Circuit Ct, Biloxi

5/9/17 Jail, client visit

5/11/17 Jail, client visit

5/15/17 Circuit Ct, Biloxi

5/16/17 Jail, client visit

5/18/17 Jail, client visit

5/22/17 Circuit Ct, Biloxi

5/23/17 Jail, client visit

5/25/17 Jail, client visit

6/1/17 Jail, client visit

5/17/17 Jail, prelims

4/19/17 Jail, prelims

Purpose

SPAHRS Ag #:

office-court-office

office, jail, office

office, jail, office

office-court-office

office, jail, office

office, jail, office

office-court-office

office, jail, office

office, jail, office

office, jail, office

office-court-office

office, jail, office

office-court-office

office-court-office

office-court-office

office-court-office

to jail, back

Points of Travel

Name: Robert C Stewart

Actual

Breakfast

Miles

28

12

12

28

12

12

28 12

12

12

28

12 12

12

28

28

12 12

28

12

12 12

28

12

12

12

Actual

Lunch

Actual

Dinner

SS#: -1443 Daily Other Authoriz Meals Allowed Item Hotel

		Total Mileage Dollar Amount	419.44	0.00					
	-	Mileage Reimbursement Rate	0.535						
Γotal			784		0.00	0.00	0.00	0.00	
7/13/17	Jail, client visit	to jail, back	12						
7/11/17	Jail, client visit	to jail, back	12						
7/10/17	Circuit Ct, Biloxi	office-court-office	28						
7/6/17	Jail, client visit	to jail, back	12						
7/5/17	Circuit Ct, Biloxi	office-court-office	28						
6/30/17	Circuit Ct, Biloxi	office-court-office	28						
6/26/17	Circuit Ct, Biloxi	office-court-office	28						
6/21/17	Jail, prelims	to jail, back	12						
6/19/17	Circuit Ct, Biloxi	office-court-office	28						
6/15/17	/ Jail, client visit	to jail, back	12						
6/14/17	Jail, prelims	to jail, back	12						
6/13/17	Jail, client visit	to jail, back	12						
6/12/17	Circuit Ct, Biloxi	office-court-office	28						
6/8/17	Jail, clent visit	to jail, back	12						
6/7/17	Jail, prelims	to jail, back	12						
6/6/17	Circuit Ct, Biloxi	office-court-office	28						
6/5/17	Circuit Ct, Biloxi	office-court-office	28						
6/2/17	Jail, clent visit	to jail, back	12						

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.