

TRAVEL VOUCHER

State of Mississippi: HARRISON COUNTY YOUTH COURT
(Agency or Institution)

Social Security #: _____ PIN/WIN #: _____

Name: Wanda M. Mass PID#: _____

Address: P.O. Box 134, BILOXI, MS 39533

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 May 1, 2017 to July 28, 2017. The itemized statement follows.

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

Prior to Trip Expenses (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	191.08
Travel in Rented Vehicle	
Travel in Public Carrier	
Other:	
Sub Total	
Less: Travel Advance	
Less: PTE Lodging	
Less: PTE Public Carrier	
Net Payment (Overpayment)	191.08

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: Wanda M. Mass

Verified by: [Signature]

Approved for Payment: [Signature]

Title: Ad Asst. Date: 7/28/17

Title: YC Administrator Date: 7-28-17

Title: _____ Date: _____

agrd 8/7/17

Itemized Statement of Travel Expense

SPAHRS Ag #: _____

Name: 0

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
5/11/17	GET MAIL	P.O.	2							1.07
5/11/17	BOOKKEEPING	COURTHOUSE	15						ONE WAY	8.02
5/2/17	DEPOSIT	HANCOCK BANK	2							1.07
5/2/17	GET MAIL	P.O.	2							1.07
5/3/17	GET MAIL	P.O.	2							1.07
5/4/17	SAM'S	PURCHASING	19						VIA HWY 90 STOPPED TO GET MAIL	
									IN GPT	10.16
5/5/17	GET MAIL	P.O.	2							1.07
5/8/17	GET MAIL	P.O.	2							1.07
5/10/17	DEPOSIT	HANCOCK BANK	2							1.07
5/10/17	GET MAIL	P.O.	2							1.07
5/11/17	GET MAIL	P.O.	2							1.07
5/11/17	PURCHASING	OFFICE DEPOT	8							4.28
5/11/17	GET MAIL	GULFPORT P.O.	10							10.70
5/12/17	GET MAIL	P.O.	2							1.07
5/15/17	GET MAIL	P.O.	2							1.07
5/16/17	GET MAIL	P.O.	2							1.07
5/17/17	PURCHASING	SAM'S	19						VIA HWY 90 STOPPED TO GET	
									MAIL GPT	10.16
Total			0	0.00	0.00	0.00	0.00	0.00		46.00

Mileage Reimbursement Rate	0.00
Total Mileage Dollar Amount	0.00

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.

BREAKDOWN OF SUBSISTENCE AND TRAVEL EXPENSE

SAAS AG# _____

Employee Name: _____

SSN: _____

STANDARD FORM 13-20, 10

Date	Purpose	Points of Travel	Total Miles	Actual Breakfast	Actual Lunch	Actual Dinner	Total Amount Allowed	Hotel/Motel	Other Authorized Expenses	
									Item	Amount
5/17/17	GET MAIL	P.O.	2							1.07
5/18/17	PURCHASING	LOWE'S	8							4.28
5/18/17	DEPOSIT	HANCOCK	2							1.07
5/19/17	COURTHOUSE	BILOXI, MS	13							6.95
5/23/17	GET MAIL	P.O.	2							1.07
5/24/17	GET MAIL	P.O.	2							1.07
5/25/17	PURCHASING	ALL SIGNS	16						THEN TO GPT. COURTHOUSE	8.56
5/26/17	GET MAIL	P.O.	2							1.07
5/30/17	GET MAIL	P.O.	2							1.07
5/26/17	DEPOSIT	HANCOCK BANK	2							1.07
5/31/17	GET MAIL	P.O.	2							1.07
6/1/17	GET MAIL	GPT, P.O.	16						THEN TO PETE'S ELECTRIC TO HAVE KEYS MADE	8.56
6/2/17	GET MAIL	P.O.	2							1.07
6/2/17	PURCHASING	OFFICE DEPOT	8							4.28
6/6/17	GET MAIL	P.O.	2							1.07
6/7/17	GET MAIL	P.O.	2							1.07
6/7/17	DEPOSIT	HANCOCK BANK	2							1.07
6/8/17	GET MAIL	P.O.	2							1.07
6/9/17	GET MAIL	P.O.	2							1.07
6/10/17	GET MAIL	P.O.	2							1.07
6/13/17	GET MAIL	P.O.	2							1.07
6/14/17	PURCHASING	SAM'S	19						PLUS VIA COURTHOUSE ROAD TO GET MAIL AT GPT P.O.	10.16
TOTAL										105.91

Receipts Taxable Meals
Non-Taxable Meals

Multiply Total Miles column by the authorized reimbursement amount and entry to front page. 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 line or lines associated with that date completely across the form. (3) A continuation sheet may be used if necessary.

BREAKDOWN OF SUBSISTENCE AND TRAVEL EXPENSE

SAAS ACH# _____

Employee Name: _____

SSN: _____

STANDARD FORM 11-20-10

Date	Purpose	Points of Travel	Total Miles	Actual Breakfast	Actual Lunch	Actual Dinner	Total Amount Allowed	Hotel/Motel	Other Authorized Expenses	
									Item	Amount
6/14/17	GET MAIL	P.O.	2							1.07
6/15/17	GET MAIL	P.O.	2							1.07
6/15/17	PICKUP BUDGET	GPT COURTHOUSE	15						ONE WAY	8.02
6/15/17	DEPOSIT	HANCOCK BANK	2							1.07
6/16/17	PURCHASING	OFFICE DEPOT	8							4.28
6/20/17	GET MAIL	P.O.	2							1.07
6/22/17	PURCHASING	OFFICE DEPOT	8							4.28
6/22/17	GET MAIL	P.O.	2							1.07
6/23/17	PURCHASING	SARG	8							4.28
6/23/17	GET MAIL	P.O.	2							1.07
6/26/17	GET MAIL	P.O.	2							1.07
6/27/17	GET MAIL	P.O.	2							1.07
6/27/17	DEPOSIT	HANCOCK BANK	2							1.07
6/28/17	GET MAIL	P.O.	2							1.07
6/29/17	BRING BUDGET	GPT COURTHOUSE	15						ONE WAY	8.02
6/29/17	GET MAIL	P.O.	2							1.07
7/5/17	GET MAIL	P.O.	2							1.07
7/6/17	GET MAIL	P.O.	2							1.07
7/7/17	GET MAIL	P.O.	2							1.07
7/7/17	DEPOSIT	HANCOCK BANK	2							1.07
7/11/17	PICKUP TONER	GPT COURTHOUSE	15						ONE WAY	8.02
7/12/17	GET MAIL	P.O.	2							1.07
TOTAL										160.06

Receipts Taxable Meals
Non-Taxable Meals

Multiply Total Miles column by the authorized reimbursement amount and carry to front page. 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 line or lines associated with that date completely across the form. (3) A continuation sheet may be used if necessary.

BREAKDOWN OF SUBSISTENCE AND TRAVEL EXPENSE

SAAS ACH# _____

Employee Name: _____

SSN: _____

STANDARD FORM 13-20-10

Date	Purpose	Points of Travel	Total Miles	Actual Breakfast	Actual Lunch	Actual Dinner	Total Amount Allowed	Hotel/Motel	Other Authorized Expenses	
									Item	Amount
7/13/17	GET MAIL	P.O.	2							1.07
7/13/17	DEPOSIT	HANCOCK BK	2							1.07
7/13/17	BRING FILE	COURTHOUSE	15						GPT ONE WAY	8.02
7/17/17	GET MAIL	P.O.	2							1.07
7/18/17	GET MAIL	P.O.	2							1.07
7/18/17	PURCHASING	OFFICE DEPOT	8							
7/19/17	PURCHASING	SAM'S	19						VIA COURTHOUSE ROAD PICK UP MAIL @ GPT	
										10.16
7/19/17	GET MAIL		2							1.07
7/20/17	GET MAIL		2							1.07
7/20/17	DEPOSIT	HANCOCK BANK	2							1.07
7/24/17	GET MAIL	P.O.	2							1.07
7/25/17	GET MAIL	P.O.	2							1.07
7/26/17	GET MAIL	P.O.	2							1.07
7/27/17	GET MAIL	P.O.	2							1.07
7/28/17	GET MAIL	P.O.	2							1.07
TOTAL										191.08

Receipt Taxable Meals Non-Taxable Meals

Multiply Total Miles column by the authorized reimbursement amount and carry to front page. 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 line or lines associated with that date completely across the form. (3) A continuation sheet may be used if necessary.