

**TRAVEL VOUCHER**

Revised 08/2012

State of Mississippi: Simpson County School District

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

Name: \_\_\_\_\_

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

<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			
						Meals
						Lodging
						Travel in Private Vehicle
						Travel in Rented Vehicle
						Travel in Public Carrier
						Other:
						Sub Total
						Less: Travel Advance
						Net Payment

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: _____	Title: _____	Date: _____
Verified by: _____	Title: _____	Date: _____
Approved for Payment: _____	Title: _____	Date: _____

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)

