



TRAVEL VOUCHER

NAME _____ DATE _____

ID# (*do not use social security#*) _____ DEPARTMENT _____

MDCC BOX # OR MAILING ADDRESS _____

For mileage for privately owned auto used by me for transportation and for reimbursement of subsistence and other authorized expenses paid by me in the discharge of official duty from _____, 20____ to _____, 20____. The itemized statement follows.

AMOUNT CLAIMED

IN-STATE TRAVEL	AMOUNT	OUT-OF-STATE TRAVEL	AMOUNT
771 MEALS & LODGING		781 MEALS & LODGING	
775 GAS		785 GAS	
772 TRAVEL (AUTO-PRIVATE)		782 TRAVEL (AUTO-PRIVATE)	
774 TRAVEL (PUBLIC CARRIER)		784 TRAVEL (PUBLIC CARRIER)	
776 OTHER TRAVEL COST		786 OTHER TRAVEL COST	
SUB-TOTAL IN-STATE TRAVEL COST		SUB-TOTAL OUT-OF-STATE TRAVEL COST	
		LESS: TRAVEL ADVANCE	
		NET OUT-OF-STATE	
TOTAL REIMBURSEMENT REFUND			

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.

Signature of Employee _____ Date _____

MAXIMUM MEAL ALLOWANCE

	BREAKFAST	LUNCH	DINNER	DAILY TOTALS
IN-STATE	16.00	19.00	33.00	68.00
OUT-OF-STATE	Determined by MS DFA based on location			

Supervisor/Division Chair/Dean _____ DATE _____

Vice-President _____ DATE _____

[illegible]

MEALS & LODGING 771_____ 781_____

MILEAGE 772_____ 782_____

PUBLIC CARRIER 774 _____ 784 _____

GAS 775_____ 785_____

OTHER 776_____ 786_____