

**PEARL RIVER COMMUNITY COLLEGE  
TRAVEL VOUCHER**

State of Mississippi: \_\_\_\_\_  
(Agency or Institution)

Employee SSN (Last 4): \_\_\_\_\_ PRCC ID #: \_\_\_\_\_

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

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

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 One:	
Employee	
Contract Worker	
Board Member	

Travel Authorization Attached	
Yes	No

**Check Box(es):** In-State: \_\_\_\_\_ Out-of-State: \_\_\_\_\_ Out-of-Country: \_\_\_\_\_ Prior Trip Expense Request: \_\_\_\_\_

Prior to Trip Expenses (PTE) Request:	
Lodging	
Public Carrier	
Registration	
Payment Information (Traveler complete, if known)	
Department/Budget:	
Comments/ Additional Information	

Travel Expenses	Totals	Documentation Attached	
		Yes	Not Applicable
Total Meal Per Diem			
Total non-taxable meals - High Cost			
Lodging			
Parking			
Registration			
Travel in Private Vehicle			
Travel in Rented Vehicle			
Travel in Public Carrier			
Total Other Expenses:			
Sub Total			
Less: Travel Advance			
Less: PTE Lodging			
Less: PTE Public Carrier			
Less: PTE Registration			
Net Payment (Overpayment)			

Subject to any difference determined by verification, I certify that the above 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.

Traveler: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Verified by: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

