

TRAVEL VOUCHER

State of Mississippi: Madison County Tax Assessor  
(Agency or Institution)

Social Security #: \_\_\_\_\_ PIN/WIN #: \_\_\_\_\_

Name: Leslie Lacour PID#: \_\_\_\_\_

Address: 144 Silvertree Xing Madison, MS 39110

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 June 7, 2015 to June 12, 2015. 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	142.00
Lodging	
Travel in Private Vehicle	
Travel in Rented Vehicle	
Travel in Public Carrier	
Other:	19.15
Sub Total	161.15
Less: Travel Advance	
Less: PTE Lodging	
Less: PTE Public Carrier	
Net Payment (Overpayment)	161.15

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: [Signature]

Title: Deputy Date: 6/16/15

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

Title: TAX ASSESSOR Date: 6/16/15

Approved for Payment: [Signature]

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

### TRAVEL VOUCHER

State of Mississippi: Madison County TTH Assessors Office  
 Social Security #: \_\_\_\_\_ (Agency or Institution) PIN/WIN #: \_\_\_\_\_  
 Name: Ira H. Thorne III PID#: \_\_\_\_\_  
 Address: 106 Rowan oak Place Terry MS 39170

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 \_\_\_\_\_ to \_\_\_\_\_. The itemized statement follows.

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

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	<del>125.97</del>
Non-Taxable Meals	125.97
Lodging	517. <sup>75</sup>
Travel in Private Vehicle	182. <sup>00</sup>
Travel in Rented Vehicle	
Travel in Public Carrier	
Other:	
Sub Total	825. <sup>72</sup>
Less: Travel Advance	
Less: PTE Lodging	
Less: PTE Public Carrier	
Net Payment (Overpayment)	825.72

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: Ira H. Thorne III  
 Verified by: \_\_\_\_\_  
 Approved for Payment: Diane Odum

Title: Appraiser Date: 6/17/15  
 Title: \_\_\_\_\_ Date: \_\_\_\_\_  
 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)