



INSTRUCTIONS FOR COMPLETING THE VOUCHER FOR REIMBURSEMENT OR PREPAYMENT OF TRAVEL EXPENSES

1. **Traveler** - Traveler's first name, middle initial and last name. (Include Jr., Sr., etc.).
2. **Agency** – Enter “Attorney Name.”
3. **Social Security Number** - Traveler's social security number or Federal Tax ID Number can be allowed to substitute for the social security number
4. **Headquarters** - City in which traveler works or is assigned.
5. **Traveler Type** – Check “Non-employee Independent Contractor”
6. **Residence City** – Type in city in which you live.
7. **Date** - Start date of travel through end of travel period.
8. **Travel Performed** - List from point of origin to point of destination (city to city) and the return for each trip.
9. **Purpose or Reason** - Purpose or reason for trip. When there are several trips on one travel voucher, the purpose or reason for each trip must be shown.
10. **Hour of Departure and Hour of Return** - The time departed and time returned for each trip including A.M. or P.M.
11. **Meals** - Calculate the meal allowance by the hour of departure and return for each day. Meal allowance is only reimbursable if travel exceeds 24 hours. If any meals are provided please mark complimentary; no reimbursement will be allowed. Breakfast \$6: When travel begins before 6 a.m. and beyond 8 a.m.; Lunch \$11: When travel begins before 12 p.m. and beyond 2 p.m.; Dinner \$19: When travel begins before 6 p.m. and beyond 8 p.m.



12. **Actual Lodging Expenses** - Lodging is allowed at a single occupancy rate with paid receipt. Any in-state hotel rate in excess of \$225.00 per night, including taxes, or expense claimed when travel distance is less than 50 miles must be justified.
13. **Other Expenses** - List separately, each amount of allowable incidental expenses incurred while traveling, e.g., airfare.
14. **Statement of Benefits to the State** – Case name/number Prepaid witness travel.
15. **Column Total** - Total of actual lodging expenses claimed.
16. **Summary Total** - Total of all columns as described in numbers 12 and 13.
17. **Traveler's Signature** - Original signature of traveler.
18. **Signature Date** – Date traveler signs the Voucher for Reimbursement of Travel Expenses.
19. **Title** - The title of the traveler.
20. **Supervisor's Signature** – Signature of Court-Appointed Counsel for the applicable case.
21. **Supervisor's Title** – Please print or type attorney's name and official title.
22. **Signature Date** – Date attorney signs the Voucher for Reimbursement of Travel Expenses.