MISSISSIPPI

STANDARDS & TRAINING DETENTION OFFICER REIMBURSEMENT WORKSHEET & AFFIDAVIT

A. Worksheet Instructions: The information requested within this form is required before reimbursement can be processed for all courses attended. You must provide proof of successful completion (i.e., signed course certificate) and proof of payment for requested reimbursement expenses allowed.

***Warning*: Warning: Mississippi Code Annotated § 97-7-10 prohibits making fraudulent statements or misrepresentations to a state board. Violations of this statute can result in fines of up to ten thousand dollars ($10,000) and imprisonment for up to five (5) years.**

In addition, under Mississippi Code Annotated § 45-4-9(5)(b), the Board on Jail Officer Standards and Training (BJOST) may cancel or recall any certificate that was obtained through misrepresentation.

Agency Name & Full Address Matches address listed in MAGIC for payment	**Agency MAGIC Vendor Number**	**Trainee Name**
		0.00
Course Location and Address	**Course Date(s)**	**Course Tuition (if applicable)**
Salary Rate (if applicable) Must provide prior month's paystub that shows hourly rate	**Lodging** **if applicable and deemed necessary**	**Meal Reimbursement** Allowed if lodging occurred; See DFA guidelines. https://www.dfa.ms.gov/travel
x =	**$**	**$**
Mileage (Personal Vehicle) Roundtrip Google/MapQuest mileage route attached. Do not round miles. Check DFA for current mileage rate.	**Total Reimbursement Requested:**	**Total Reimbursement Approved:** Filled out by PSP. For any changes, a note will attached to this document.

Please attach copies of all corresponding documentation for expenses submitted (i.e. - hotel receipts, meal receipts, etc.). **All allowable travel expenses will be verified by the staff using existing Department of Finance and Administration guidelines.**

I, the undersigned, do hereby swear or affirm that there are no willful misrepresentations, omissions or falsifications in the statements and answers to questions within this document, and that all statements and answers are true and correct to the best of my knowledge and belief.

_____ _____

Must be signed by the Agency Head or Authorized Signee Date

Stop here and email worksheet and supporting documents to standards.training@dps.ms.gov

B. Affidavit Instructions: Do not fill out as part of the worksheet. Sign this section once Public Safety Planning has confirmed the total reimbursement.

Affidavit: I certify that I am an authorized official of the department listed above, and that the information in this claim is true, correct, and has not been paid previously. This reimbursement request complies with the requirements of the Board on Jail Officer Standards and Training (BJOST) and all policies and procedures issued under its authority.

I further certify that no part of this claim was incurred in violation of any applicable state law, DFA regulations, or BJOST program requirements. I am applying for the allowable reimbursement to defray the cost of training for the detention officer(s) identified in this claim.

_____ _____

Agency: Must be signed by the Agency Head or Authorized Signee Date

_____ _____

PSP: Standards & Training Director Date

V: _____ | F: 2210300000 | CC: 1711701600. Exp: 67485000

Mississippi Department of Public Safety | Public Safety Planning
Office of Standards and Training
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Telephone (601) 391-4900
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Public Safety Planning's address and phone number(s) will change when the office moves to the new headquarters in Pearl, Mississippi