SUMTER COUNTY SCHOOLS

EMPLOYEE EXPENSE STATEMENT

Reporting Period of Expense

From: _____ **To:** _____

Name _____ **Company** _____

Place of Residence

Date	Commercial Transportation (street) (city) (state) Zip Code Social Security or FEI #	Amount	Date	Miscellaneous Travel	Amount
		$			$
		$			$
		$			$
		$			$
Total Amount (Enter in appropriate line of expense section, this page)		$	**Total Amount** (Enter in appropriate line of expense section, this page)		$

Explain any expenses that are unusual or exceed established limits:

1. State Use Mileage @ **.76** cents per mile *(must be supported by automobile mileage record on page 2)* *Mileage rate effective 8/1/2026*		$
2. Meals *(receipts not required if using per diem rates)*		$
3. Lodging (*Attach original lodging receipts*)		$
4. Other/Misc.Travel *(misc.,registrations,data comm,telephone)*		$
5. Commercial Transportation		$
**Attach original receipts to statement.		$
Total Expenses	(1+2+3+4+5)	$
Honorarium (Fees)		$
Total		$

"I do solemnly swear, under criminal penalty of a felony for false statements subject to punishments by fine of not more than $1,000 or by imprisonment for not less than one or more than five years, that the above statements are true and I have incurred the described expenses and the state mileage in the discharge of my official duties for the state."

Signature _____ Date _____

Approved _____		Date _____	Approved _____		Date _____
Vendor Number	**Invoice Number**		**Description**		

Fund	**Department**	**Funding Source**	**Program**		**Project**	**Voucher Number**
Account Description	**Account**	**Program**	**Class**	**Amount**		
				$		
				$		

Use this space for explanation of items requiring justification.

$

This form has been approved by the GDOE Accounting Department

Meals and Lodging *(please provide receipts for lodging)*

Check one ☐ **Single per diem** ☐ **Overnight Per diem**

(Meal rates effective 2/1/2022)

Date		Depart.	Arrival	Breakfast ($13.00)		Lunch($14.00)		Dinner ($23.00)		Lodging		Totals
Mo.	Day	Time	Time	Location	Amount	Location	Amount	Location	Amount	Location	Amount	
					$		$		$		$	$
					$		$		$		$	$
					$		$		$		$	$
					$		$		$		$	$
					$		$		$		$	$
					$		$		$		$	$
					$		$		$		$	$

Automobile Mileage **Tag # _____**

Date	Origin	Points Visited	Purpose	Begin	End	Total
Mo./Day	Left From Location	City, no acronyms	of Trip	Miles	Miles	Miles
				Sub Total Miles		

Departure		Return		Less Personal Miles	
				Total State Use Mileage	

Reimbursement Mileage Rate ***check one*** ☐ **.76** Rate effective 08/01/2026

Honorarium (Fees)

DATE		Amount
Month	Day	
Total		

Comments: *If transportation/lodging was shared, indicate mode and name of person reporting above mileage.*