

**SUMTER COUNTY SCHOOLS  
EMPLOYEE EXPENSE STATEMENT**

**Reporting Period of Expense**

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Name** \_\_\_\_\_

**Company** \_\_\_\_\_

**Place of Residence** \_\_\_\_\_  
(street)

\_\_\_\_\_ (city) \_\_\_\_\_ (state)

\_\_\_\_\_ Zip Code

\_\_\_\_\_ Social Security or FEI #

Date	Commercial Transportation	Amount	Date	Miscellaneous Travel	Amount
		\$			\$
		\$			\$
		\$			\$
		\$			\$
<b>Total Amount</b> (Enter in appropriate line of expense section, this page)		\$	<b>Total Amount</b> (Enter in appropriate line of expense section, this page)		\$

*Explain any expenses that are unusual or exceed established limits:*

1. State Use Mileage @ <b>.585</b> cents per mile <small>(must be supported by automobile mileage record on page 2) Mileage rate effective 01/01/2022</small>	\$
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.	\$
(1+2+3+4+5)	
<b>Total Expenses</b>	\$
<b>Honorarium (Fees)</b>	\$
<b>Total</b>	\$

*"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*

