

# Randolph County Schools

## Employee Expense Statement

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_ Work Location \_\_\_\_\_ Month Ending \_\_\_\_\_

Mailing Address \_\_\_\_\_ Auto License # \_\_\_\_\_

Street

City

State

Zip

\*One-Way Commuting Miles \_\_\_\_\_

TRANSPORTATION							SUBSISTENCE						OTHER	
Date	Time Dep/Ar	From. To	Purpose of Travel		Sub-Total Trans. Amount	Details of Subsistence (attach lodging receipts)						Identify Other Expenses Attach Receipt	Other Expenses Amount \$\$	
			Odometer End/Begin	*No. of Miles		(may be optional for some)	B/fast	Lunch	Dinner	Sub-Total Meals	Lodging			Sub-total Subsistence
I do solemnly swear the information furnished above is true and correct to the best of my knowledge and I have incurred the described expenses and the state use mileage in the performance of my official duties.			<b>TOTAL MILES</b>		<b>TOTAL \$\$ TRANS</b> Total Miles X \$0.585		<b>TOTAL SUBSISTENCE \$\$ --</b>						Total Other	
							<b>** GRAND TOTAL – AMOUNT TO BE REIMBURSED</b>						<b>** \$\$</b>	
Employees Signature _____ Date _____  APPROVED: _____ Date _____  APPROVED: _____ Date _____			*Subtract one-way commuting miles for each trip as needed.		<b>ACCOUNT CODING</b>							<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div>		
					Fund Code	Account Code	Federal Code	Project Number	Amount					