SUMTER COUNTY SCHOOLS

EMPLOYEE EXPENSE STATEMENT

	E	EMPLOYER		From:						
me				Company						
ce of Residence										
	1	(str				(city)	(state)	Zip Code	Social Security	
Date	Commercial Transpor		ortation	Amou	ınt	Date	Miscellan	eous Travel		Amoun
				\$						\$
				\$						\$
				\$						\$
				\$						\$
l Amount (Enter in a	appropriate line	e of expense section, this	page)	\$		Total Amo	ense section, this page)		\$	
Explain an	y expens	ses that are un	usual or exceed e	established limits:			tate Use Mileage	_	7 cents per mile	6
							t be supported by automobile mileage rec			3
							Meals (receipts not required		rates)	\$
							odging (Attach original lod			\$
							Other/Misc.Travel (misc.,reg	istrations,data c	omm,telephone)	\$
5. Commercial Transportation								\$		
						**A	attach original receipts to sta	tement. (1+2+3+4+	5)	2
								Total Exp	/	s
00 or by imprison	ment for	not less than o	ne or more than fi	ve years, that the a charge of my officia	bove sta	tements are		Total	um (Fees)	\$
										
pproved			Date	Date Date						
ndor Number Invoice Number]						
Fund	Department		Funding Source	Funding Source Program		Project	Voucher Number			
	ь	- cpartment	T unumg Sour	1 Togram		i	vouciei i (umbei			
Account Description Account		Account	Program	Class An	nount		Use this space for exp	lanation of items	requiring justifica	ition.
		Treesum Trogram		İs					1	
		 		\$						
		 								
		 								
		 								
		 								

Reporting Period of Expense

				Is and Lodging Meal rates effec		eceipts for lodging)			Check one	Singl	e per diem	Overni	ght Per diem
Date Depart.		Arrival	l Breakfast \$1	13.00 Lunch \$14.0		00) Dinn			Lodging		Totals	
Mo.	Day	Time	Time	Location	Amount	Location	Amour	nt Loca	ation A	Amount	Location	Amount	Totals
					\$		\$		\$			\$	\$
					\$		\$		\$			\$	\$
					\$		\$		\$			\$	\$
					\$		\$		\$			\$	\$
					\$		\$		\$			\$	\$
					\$		\$		\$			\$	\$
					\$		\$		\$			\$	\$
Date Mo./Da	-	Origin From Loca		Points Visited City, no acronyms	Purj of T		Begin Miles	End Miles	Total Miles	Mon	DATE	Amo	·
							Sub Tota	al Miles					
		1				<u> </u>		i		¬			
De	partur	re		Return	ı		Less I	Personal Miles		┨			
							Total State U	Jse Mileage		\dagger			
Rein	Reimbursement Mileage Rate check one .67 Rate Effective 01/04/2024												
	Comm	ents: If to	ransport	ation/lodging was	shared, indicat	– e mode and nan	ne of person i	reporting abo	ve mileage.		Total		