

ATKINSON COUNTY SCHOOL SYSTEM

EMPLOYEE TRAVEL EXPENSE STATEMENT (Please Type or Print in Ink)

NAME				TITLE				HEADQUARTERS							
SOCIAL SECURITY NO.				BUSINESS PHONE		RESIDENCE		(STREET)		(CITY)		(STATE)		ZIP CODE	
On File															
Date		Departure		Arrival		BREAKFAST		LUNCH		DINNER		LODGING		TOTAL	
Mo.	Day	Time	Time	Location	Amount	Location	Amount	Location	Amount	Location	Amount				
TOTALS															

"I so solemnly swear, under criminal penalty of a felony for false statements subject to punishment by fine of not more than \$1000 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 use mileage in the discharge of my official duties for the state."

TOTAL SUBSISTENCE (Attach lodging receipt).....

MISCELLANEOUS EXPENSES (Detailed on back).....

STATE _____ **USE MILES AT .625 CENTS PER MILE**
(Must be supported by automobile mileage record on back).....

Employee Signature _____ **Date** _____

Principal _____ **Date** _____

Director _____ **Date** _____

Approving Authority _____ **Date** _____

Mr. Bob Brown, Superintendent

TOTAL EXPENDITURE.....

Advance.....

TOTAL PAYMENT/Expenditure

FOR OFFICE USE ONLY
PROGRAM ACCOUNT NUMBER

AMOUNT

	\$

PURPOSE OF TRIP: _____

DAY	COMMON CARRIER, TAXI	AMOUNT	DAY	MISCELLANEOUS	AMOUNT

EXPLAIN ANY EXPENSES THAT ARE UNUSUAL OR EXCEED ESTABLISHED LIMITS:

--

AUTOMOBILE MILEAGE RECORD

MONTH	DATE	ORGIN-POINTS VISITED	DESTINATION	STARTING MILEAGE	ENDING MILEAGE	TOTAL MILEAGE	PERSONAL MILEAGE	STATE USE MILEAGE

PERSONAL CAR:

GA TAG NUMBER: _____

STATE USE MILES _____

COMMERICAL AIRCRAFT _____

If transportation or lodging was shared, indicate name of person reporting above mileage and or/lodging.

MODE OF TRAVEL

PERSON TRAVELED WITH