## Randolph County Schools Employee Expense Statement

Name		Social Security No			Wo	Work Location					Month Ending				
Mailing Address							ork Location Month Ending Auto License #								
Street			City State		Zip	*One-Way Commuting Miles					liles				
TRANSPORTATION							- <b>r</b>			BSISTENC			OTHE	R	
Date	Time Dep/Ar	From. To	Purpose of Travel					Details of Subsistence (attach lodging receipts)					Identify Other Expenses	Other Expenses Amount	
			Odometer End/Begin	*No. of Miles	(may be optional for some)	Sub-Total Trans. Amount	B/fast	Lunch	Dinner	Sub-Total Meals	Lodging	Sub-total Subsistence	Attach Receipt	\$\$	
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				<u> </u>							Conference	Registration			
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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.			\$\$ TRA		TOTAL \$\$			TOTAL SUBSISTENCE \$\$ \$ ** GRAND TOTAL – AMOUNT TO BE REIMBURSED						** \$\$	
					TRANS *Total Miles X \$0.625										
Employ	Employees Signature Date			niles for	Fund Code Account C		ACCOUNT CODING ode Federal Code Project Number Amount								
APPRO	APPROVED: Date		each trip as n	eeded.									•		
APPRO	VED:	Date	-												