

Randolph County Schools Employee Expense Statement

Name _____ Social Security No. _____ Work Location _____ Month Ending _____

Mailing Address _____ **Auto License #** _____

City

Zip

*One-Way Commuting Miles

TRANSPORTATION							SUBSISTENCE						OTHER	
Date	Time Dep/Ar	From. To	Purpose of Travel (may be optional for some)				Details of Subsistence (attach lodging receipts)						Identify Other Expenses Attach Receipt	Other Expenses Amount \$\$
			Odometer End/Begin	*No. of Miles			Sub-Total Trans. Amount	B/fast	Lunch	Dinner	Sub-Total Meals	Lodging		

*Rate is for travel occurring after July 1, 2022

Mileage updated 07/01/2022