Randolph County Schools
Employee Expense Statement

Name			Social Security No			Wo	Work Location			Month Ending Auto License #					
Mailing AddressStreet			City State						*One-Way Commuting Miles						
TRANSPORTATION		City		State	Zip	SUBSISTENCE				nunng IV	OTHER				
Date	Time Dep/Ar	From. To			Purpose of Travel			Details of Subsistence (attach lodging receipts) Identify Other					Identify Other	Other Expenses	
			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	Expenses Attach Receipt	Amount \$\$	
										(Conference	Registration			
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.			\$\$ TR.		TOTAL	TOTAL		TOTAL SUBSISTENCE \$\$ \$							
							** GRAND TOTAL – AMOUNT TO BE REIMBURSED						**		
			*Subtract one-way		1000111110511	ACCOUNT CODING									
Employees Signature Date			commuting miles for each trip as needed.		Fund Code	Account Co	ode F	Federal Co	de Pr	oject Num	ber	Amount			
APPROVED: Date		_													
APPROVED: Date															