

**SUMTER COUNTY SCHOOLS
EMPLOYEE EXPENSE STATEMENT**

Reporting Period of Expense

From: _____ **To:** _____

Name _____ **Company** _____

Place of Residence _____ (street) _____ (city) _____ (state) _____ Zip Code _____ Social Security or FEI # _____

Date	Commercial Transportation	Amount	Date	Miscellaneous Travel	Amount
		\$			\$
		\$			\$
		\$			\$
		\$			\$
Total Amount (Enter in appropriate line of expense section, this page)		\$	Total Amount (Enter in appropriate line of expense section, this page)		\$

Explain any expenses that are unusual or exceed established limits:

1. State Use Mileage @ .70 cents per mile <small>(must be supported by automobile mileage record on page 2) Mileage rate effective 1/3/2025</small>	\$
2. Meals (receipts not required if using per diem rates)	\$
3. Lodging (Attach original lodging receipts)	\$
4. Other/Misc.Travel (misc.,registrations,data comm,telephone)	\$
5. Commercial Transportation	\$
**Attach original receipts to statement.	\$
(1+2+3+4+5)	
Total Expenses	\$
Honorarium (Fees)	\$
Total	\$

"I do solemnly swear, under criminal penalty of a felony for false statements subject to punishments by fine of not more than \$1,000 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 mileage in the discharge of my official duties for the state."

Signature _____ Date _____
Approved _____ Date _____ Approved _____ Date _____

Vendor Number	Invoice Number	Description			
Fund	Department	Funding Source	Program	Project	Voucher Number

Account Description	Account	Program	Class	Amount
				\$
				\$
				\$

Use this space for explanation of items requiring justification.

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This form has been approved by the GDOE Accounting Department

(Meal rates effective 2/1/2022)

Check one ☐ Single per diem

☐ Overnight Per diem[illegible]

Automobile Mileage Tag # _____

Date	Origin	Points Visited	Purpose	Begin	End	Total
Mo./Day	Left From Location	City, no acronyms	of Trip	Miles	Miles	Miles
				Sub Total Miles		
Departure		Return		Less Personal Miles		
Total State Use Mileage						

Reimbursement Mileage Rate	check one	<input type="checkbox"/>	.70
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Rate Effective 01/03/2025

Comments: *If transportation/lodging was shared, indicate mode and name of person reporting above mileage.*

[illegible]