

**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 01/03/2025</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.

This form has been approved by the GDOE Accounting Department

