



TRAVEL EXPENSE STATEMENT

NAME _____ SOC SEC _____ TITLE _____
 Last First Middle Int. Campus Phone #

CAMPUS _____ ACCOUNT NO _____

RESIDENCE _____ DATE FROM _____ DATE TO _____

Date	TIME		Location/Points Visited	DETAILS OF SUBSISTENCE (Attach Lodging Receipt)				TOTAL	Do Not Write in this Space for ACCT DEPT
	Departed	Arrived		Breakfast	Lunch	Dinner	Lodging		
TOTALS									
EXPLAIN ANY UNUSUAL AMOUNTS FOR SUBSISTENCE:									
STATE USE MILEAGE: @ 55 CENTS PER MILE effective 1/1/09 @ 50.5 CENTS PER MILE									
(Must be supported by automobile mileage record on the reverse side) @ 58.5 CENTS PER MILE									
COMMON CARRIER, TAXI / LIMOUSINE (Explain in section on reverse side)									
TOTAL TRAVEL EXPENSES									
MISCELLANEOUS EXPENSES (Explain in section on reverse side)									
GRAND TOTAL									

I do solemnly swear, under criminal penalty of a felony for false statements subject to punishment by not less than one year nor more than twenty years of penal servitude, that the above statements are true and I have incurred the described expenses and the State use mileage in the discharge of my official duties for the State.

APPROVED _____ SIGNED _____ DATE _____
 (Supervisor) (Employee)

Automobile Mileage Record

GEORGIA LICENSE NO. OF CAR _____

PERIOD ENDING _____

Prepare daily, using a separate block for each day's travel and for each departure from headquarters

Date	DAILY TRAVEL (Points visited)	ODOMETER READING		MILES TRAVELED		
		Starting	Ending	Miles Daily	Personal Use	State Use
	FROM: _____ TO: _____ Points Visited: _____					
	FROM: _____ TO: _____ Points Visited: _____					
	FROM: _____ TO: _____ Points Visited: _____					
	FROM: _____ TO: _____ Points Visited: _____					
	FROM: _____ TO: _____ Points Visited: _____					
	FROM: _____ TO: _____ Points Visited: _____					
TOTAL MILES TRAVELED						

Transfer total State use miles to travel expense section (front side) for computation of amount at the prescribed State mileage rate.

PURPOSE OF TRIP: (Attach prior approval form if applicable)

If traveling under a standing authorization for local travel, please check ()

Date	COMMON CARRIER, TAXI/LIMOUSINE (Explain, attach receipts for common carrier)	Amount	Date	MISCELLANEOUS (Explain, attach receipts except for tele and teleg)	AMOUNT
TOTAL AMOUNT (Enter in appropriate line of expense section on other side)			TOTAL AMOUNT (Enter in appropriate line of expense section on other side)		