Randolph County Schools
Employee Expense Statement

Name _____ Social Security No. _____ Work Location _____ Month Ending _____
Mailing Address _____ Auto License # _____
Street City State Zip *One-Way Commuting Miles _____

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

TOTAL MILES

TOTAL $$

TRANS
Total Miles X $0.56

TOTAL SUBSISTENCE $$ -- $

** **GRAND TOTAL – AMOUNT TO BE REIMBURSED**

** **$$**

*Subtract one-way commuting miles for each trip as needed.

Employees Signature Date

APPROVED: Date

APPROVED: Date

ACCOUNT CODING

Fund Code	Account Code	Federal Code	Project Number	Amount