

SUMNER 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:

"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 _____

1. State Use Mileage @ 575 cents per mile
(must be supported by automobile mileage record on page 2) Mileage rate effective 1/1/2019
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		\$

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.

