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 @ .58 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	$

"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

Meals and Lodging *(please provide receipts for lodging)*

Check one ☐ **Single per diem** ☐ **Overnight Per diem**

Date		Depart.	Arrival	Breakfast		Lunch		Dinner		Lodging		Totals
Mo.	Day	Time	Time	Location	Amount	Location	Amount	Location	Amount	Location	Amount	
					$		$		$		$	$
					$		$		$		$	$
					$		$		$		$	$
					$		$		$		$	$
					$		$		$		$	$
					$		$		$		$	$
					$		$		$		$	$

Automobile Mileage **Tag #** _____

Date Mo./Day	Origin Left From Location	Points Visited City, no acronyms	Purpose of Trip	Begin Miles	End Miles	Total Miles
				Sub Total Miles		

Departure		**Return**		Less Personal Miles	
				Total State Use Mileage	

Reimbursement Mileage Rate ***check one*** ☐ **.58** **Rate Effective 01/01/2019**

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

Honorarium (Fees)

DATE Month	Day	Amount
Total		