

**2016 STATE OF GEORGIA EMPLOYEE TRAVEL EXPENSE STATEMENT**

ALL GREEN CELLS MUST BE COMPLETE					YOU MAY ENTER DATA IN THE YELLOW CELLS AS NEEDED				
BURKE COUNTY BOARD OF EDUCATION		WAYNESBORO		BURKE COUNTY	GA	FOR PERIOD FROM		THRU	
NAME		TITLE				BUSINESS PHONE		SSN	
RESIDENCE (street)				CITY		COUNTY		STATE	ZIP

DATE	DEPART TIME	ARRIVAL TIME	BREAKFAST		LUNCH		DINNER		MEALS - DAILY TOTALS (SEE BELOW)			LODGING	
			LOCATION	AMOUNT	LOCATION	AMOUNT	LOCATION	AMOUNT	TOTAL	OVERAGE	ALLOWED	LOCATION	AMOUNT
									0		0		
									0		0		
									0		0		
									0		0		
									0		0		
									0		0		
									0		0		
<b>TOTALS FOR EACH CATEGORY</b>									0	0	0		0

*"I do solemnly swear, under criminal penalty for false statements subject to punishment by fine of no more than \$1,000 or by imprisonment for not less than one no more then five years, 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."*

<b>SIGNATURE</b>		<b>DATE</b>	
<b>SIGNATURE</b>		<b>DATE</b>	
<b>SIGNATURE</b>		<b>DATE</b>	

*STATE USE MILEAGE	0	MULTIPLY		0
TOTAL MEALS AMOUNT ALLOWED				0
TOTAL LODGING (ATTACH LODGING RECEIPTS)				0
OTHER TRAVEL EXPENSES (DETAILED ON BACK)				0
COMMERCIAL TRANSPORTATION (DETAILED ON BACK)				0
MISCELLANEOUS EXPENSES (DETAILED ON BACK)				0
<b>TOTAL APPROVED EXPENSES</b>				<b>0</b>

**\*Mileage must be supported by automobile mileage record on page 2. Reimburse at .54 if no BC vehicle available and .19 if you elect to drive your own vehicle.**

**ACCOUNTING DEPARTMENT USE ONLY**

VENDOR ID	
TERMS	
ORGANIZATION #	
PAYMENT HANDLING	
VOUCHER ID	

**GA Accounting Office - Meal Allowance Information**  
[www.sao.georgia.gov/state-travel-policy](http://www.sao.georgia.gov/state-travel-policy)

ACCOUNT	AMOUNT	DESCRIPTION
640001		TRAVEL-MILEAGE
640002		TRAVEL-MEALS
640003		TRAVEL-LODGING
640004		TRAVEL-OTHER
640005		TRAVEL-COMMERCIAL TRANSPORTATION
<b>TOTAL</b>		

AUTOMOBILE MILEAGE RECORD

DATE	ORIGIN - POINTS VISITED	DESTINATION	STARTING MILEAGE	ENDING MILEAGE	TOTAL MILEAGE	PERSONAL MILEAGE	STATE USE MILEAGE
					0		0
					0		0
					0		0
					0		0
					0		0
					0		0
<b>TOTAL AMOUNTS</b>					0	0	0

PERSONAL CAR		DEPARTMENT CAR		DOAS CAR		OTHER TYPE TRANSPORTATION		
TAG #		ID #		ID #		STATE AIRCRAFT	DATE	
STATE USE MILES	0	TOTAL MILES		TOTAL MILES		COMMERCIAL AIRCRAFT	DATE	
						OTHER (SPECIFY BELOW)	DATE	

EXPLAIN ANY EXPENSES THAT ARE UNUSUAL OR EXCEED ESTABLISHED LIMITS	
PURPOSE OF TRIP:	
EXPLAIN ADDITIONAL CHARGES:	

DATE	COMMERCIAL TRANSPORTATION COMMON CARRIER, TAXI, LIMOUSINE	AMOUNT	DATE	TRAVEL - OTHER TIPS, PARKING	AMOUNT	DATE	MISCELLANEOUS EXPENSES	AMOUNT
<b>COMMERCIAL TRANSPORTATION TOTAL</b>		0	<b>TRAVEL - OTHER EXPENSES</b>		0	<b>MISCELLANEOUS TOTAL</b>		0

If transportation is shared, indicate date, origin/destination, mode, and name of person traveled with:	DATE	ORIGIN/DESTINATION	MODE OF TRAVEL	PERSON TRAVELED WITH