**STATE OF GEORGIA EMPLOYEE TRAVEL EXPENSE STATEMENT**
DEPARTMENT OF: GLASCOCK CO. BOE For period from\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ thru\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Name**:  | **Title**:  | **Headquarters** (**City**) (**County**) (**State**) |
| **Business Phone**:  | **Residence** (**Street**):  | (**City**): (**County**): (**State**): (**Zip Code**):  |
| DATE | Depart Time | Arrival Time | BREAKAST | LUNCH | DINNER | MEALS – DAILY TOTALS | LODGING |
| Location | Amount | Location | Amount | Location | Amount | Total | Overage | Allowed | Location | Amount |
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| TOTALS FOR EACH CATEGORY |  |  |  |  |  |  |  |  |  |  |  |

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| --- | --- | --- |
| “I do solemnly swear , under criminal penalty of a felony for false statements subject to | STATE USE MILEAGE\_\_\_\_\_\_\_\_ MILES AT\_\_\_\_\_\_\_\_ CENTS PER MILE |  |
| punishment by fine of not more than $1,000 or by imprisonment for not less than one nor |  |  |
| More than five years, that the above statements are true and I have incurred the described | TOTAL MEALS (Amount allowed)………………………………………… |  |
| Expense and the state use mileage in the discharge of my official duties for the state.” | TOTAL LODGING (Attach lodging receipts)………………………….. |  |
|  | OTHER TRAVEL EXPENSES (Detailed on back)……………………… |  |
| Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | COMMERCIAL TRANSPORTATION (Detailed on back)………….. |  |
|  | MISCELLANEOUS EXPENSES (Detailed on back)…………………… |  |
|  |  |  |
| Approved\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **TOTAL APPROVED EXPENDITURES** | **$** |

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| **ACCOUNTING USE ONLY** |
| VENDOR ID | TERMS**N00** | ORGANIZATION NO | PAYMENT HANDLING**TP** | PAYMENT METHOD**CHECK** | VOUCHER ID |
| ACCOUNT | AMOUNT | DESCRIPTION |
| 640001 |  | TRAVEL-MILEAGE |
| 640002 |  | TRAVEL-MEALS |
| 640003 |  | TRAVEL-LODGING # Of Nights Out:\_\_\_\_\_\_ PCOA\_\_\_\_\_\_  |
| 640004 |  | TRAVEL-THER |
| 640005 |  | TRAVEL-COMMERCIAL TRANSPORTATION |
|  |  | MISCELLANEOUS EXPENSES |
|  |  |  |
| **TOTAL** |  |  |

**AUTOMOBILE MILEAGE RECORD**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **DATE** | **ORIGIN-POINTS VISITED** | **DESTINATION** | **STARTING MILEAGE** | **ENDING MILEAGE** | **TOTAL MILEAGE** | **PERSONAL MILEAGE** | **STATE USE MILEAGE** |
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|  |  |  | **TOTAL AMOUNTS** |  |  |  |
| PERSONAL CAR | DEPARTMENT CAR | DOAS CAR | OTHER TYPE TRANSPORTATION |
| Ga Tag No. | I.D. No. | I.D. No.  | STATE AIRCRAFT |
| State Use Miles | Total Miles | Total Miles | Commercial Aircraft |
| EXPLAIN ANY EXPENSES THAT ARE UNUSUAL OR EXEED ESTABLISHED LIMITS: | OTHER (Specify) |
|  |  |

 PURPOSE OF TRIP:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 EXPLAIN TELEPHONE CHARGES:
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| DATE | COMMERCIAL TRANSPORTATION-COMMON CARRIER, TAXI, LIMO  | AMOUNT | DATE | TRAVEL – OTHERTIPS, PARKING | AMOUNT | DATE | MISCELLANEOUS EXPENSES |
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| **COMMERCIAL TRANSPORTATION TOTAL** |  | **TRAVEL-OTHER TOTAL** |  | **MISCELLANEOUS TOTAL** |
| Enter each total in appropriate line of expenses section of font side |
| If transportation was shared, indicate date, origin/destination, mode, and name of person traveled with: |
| DATE | ORIGIN/DESTINATION | MODE OF TRAVEL | PERSON TRAVELED WITH |
|  |  |  |  |