**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 – OTHER TIPS, 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 | |
|  |  | |  | | |  | |