

# DOOLY COUNTY BOARD OF EDUCATION TRAVEL EXPENSES STATEMENT (Please type or print)

For Period From \_\_\_\_\_ thru \_\_\_\_\_

**Travelers should submit expenses ideally within 10 days of the completion of the trip but no later than 45 calendar days. Expenses submitted in excess of 45 calendar days may not be reimbursed.** Required receipts must be attached to the expense.

Name			Title			Headquarters				
Business Phone		Residence (Street)				City		State		
DATE	DEPART TIME	ARRIVE TIME	BREAKFAST *	LUNCH *	DINNER *	MEALS-DAILY TOTALS			LODGING	
			AMOUNT	AMOUNT	AMOUNT	TOTAL	OVERAGE	ALLOWED	LOCATION	AMOUNT
<b>TOTALS FOR EACH CATEGORY</b>						\$	\$	\$		\$

\*In order to receive reimbursement for MEALS, the activities must exceed thirteen (13) hours. Allowable expenses are: Breakfast (\$ 6.00), Lunch (\$ 7.00), Dinner (\$ 15.00). High cost areas (Cobb, DeKalb, Fulton, Gwinnett, Richmond, Glynn and Chatham counties): Breakfast (\$ 7.00), Lunch (\$ 9.00), Dinner (\$ 20.00).

"I do solemnly swear, under criminal penalty of a felony for false statements subject to 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 expenses and the local use mileage in the discharge of my official duties for the school system."

STATE USE MILEAGE _____ @ <u>.565</u> CENTS PER MILE (Must be supported by automobile mileage record on back)	
TOTAL MEALS (Amount Allowed) . . . . .	
TOTAL LODGING (Attach lodging receipts) . . . . .	
OTHER TRAVEL EXPENSES (Detailed on back) . . . . .	
COMMERCIAL TRANSPORTATION (Detailed on back) . . . . .	
MISCELLANEOUS EXPENSES (Detailed on back) . . . . .	

Signature \_\_\_\_\_ Date \_\_\_\_\_

**TOTAL APPROVED EXPENDITURE** \$

Approved \_\_\_\_\_ Date \_\_\_\_\_

**ACCOUNTING USE ONLY**

ACCOUNT NUMBERS	AMOUNT	DESCRIPTION
		TRAVEL – MEALS and LODGING
		TRAVEL – COMMERCIAL TRANSPORTATION
		TRAVEL - MILEAGE
		MISCELLANEOUS EXPENSES
	<b>TOTAL</b>	

PERSONAL CAR MILEAGE

DATE	ORIGIN	DESTINATION	STARTING MILEAGE	ENDING MILEAGE	TOTAL MILEAGE
<b>TOTAL AMOUNTS</b>					

EXPLAIN ANY EXPENSES THAT ARE UNUSUAL OR EXCEED ESTABLISHED LIMITS:

PURPOSE OF TRIP:

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

Enter each total in appropriate line of expenses section on front side

If transportation was shared, indicate date, origin/destination, mode and names of person traveled with:

Date                      Origin/Destination                      Mode of Travel                      Person Traveled With