

Terrell County Board of Education Travel Expense Statement

Department: _____

Travel Date(s): _____

Name: _____

Title: _____

Employee ID# _____

Office	Street:	City:	County:	State: GA	Zip:
Home	Street:	City:	County:	State: GA	Zip:
Office Phone:			Email:		

Purpose of Trip: _____

Meals

Meal Code Descriptions:
 NE – Not Eligible: Meals not occurring within eligible depart and return times or meals included in registration fees.
 REG – In State Regular: B/L/D: 6.00 / 7.00 / 15.00
 HGH – In State High Cost: B/L/D: 7.00 / 9.00 / 20.00 (Limited to Chatham, Cobb, DeKalb, Fulton, Glynn, Gwinett Counties)

Date	Depart Time	Return Time	Breakfast			Lunch			Dinner			Total
			Code	City	Amt	Code	City	Amt	Code	City	Amt	

Lodging

Dates	Location	Daily Rate	# Days	Total

**Total
Registration Fee (if paid by employee)**

Description	Amount
Enter amount of travel Advance:	

Total Expenses

Total Meals and Lodging	\$
Other Expenses (Page 2)	\$
Total Expenses	\$
Less Travel Advance	\$
Amount Due To/From Employee	\$

“I do solemnly swear, under criminal penalty of a felony for false statements subject to punishment by fine of not more than \$1000 or by imprisonment of not less than one year and no more than 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 Board of Education.”

Employee Signature _____ Date _____

Approval Authority _____ Date _____

Approval Authority _____ Date _____