

Terrell County Charter School System 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: \$13.00 /\$14.00 /\$23.00

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

Lodging

Dates	Location	Daily Rate	# Days	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 _____

Department: _____

Travel Date(s): _____

Name: _____

Title: _____

Employee ID# _____

Personal Vehicle Mileage

I certify that use of a personal vehicle was more advantageous than a state or commercial rental. Yes No

Select type of personal vehicle: Automobile Motorcycle Airplane

Date	Origin	Points Visited	Destination	Begin Miles	End Miles	Commute Miles	Personal Miles	State Use Miles
Total State Use Miles								
Mileage Rate \$0.655								

Indicate use of motor pool vehicle or shared transportation:
 Motor pool Vehicle was used for travel. Person(s) traveled with:

Commercial Transportation (paid for by employee)

Begin Date	End Date	Type of Transportation	Origin	Destination	Amount
Total					

Voice/Data Communications (Telephone Calls, Internet Charges, Postal Fees)

Date	Location	Person Called	Reason for Call	Amount
Total				

Parking, Tolls, Portage

Date	Description	Amount
Total		

Gasoline for Rental Vehicle (paid by employee)

Date	Description	Amount
Total		

Miscellaneous Expenses

Date	Description	Amount
Total		

Explain any expenses that are unusual or exceed established limits:

Total Other Expenses \$ _____