

**\*\*Reimbursement forms must be submitted within 30 days from last date of travel\*\***

<b>PO Number</b>	<b>Gainesville City School District Employee Expense Statement</b>						<b>For Travel from</b>	<b>through</b>				
<b>Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>Res. Address</b>	<b>(Street)</b>	<b>(City)</b>	<b>(County)</b>	<b>(State)</b>	<b>(Zip)</b>				
<b>Title</b>	<b>Business Telephone #</b>	<b>Bus. Address</b>						<b>(Street)</b>	<b>(City)</b>	<b>(County)</b>	<b>(State)</b>	<b>(Zip)</b>
			<b>Breakfast</b>		<b>Lunch</b>		<b>Dinner</b>		<b>Lodging</b>		<b>Total Expenditures</b>	
<b>Date</b>	<b>Departure Time</b>	<b>Return Time</b>	<b>Location</b>	<b>Amount</b>	<b>Location</b>	<b>Amount</b>	<b>Location</b>	<b>Amount</b>	<b>Location</b>	<b>Amount</b>		
<b>Mo.</b>	<b>Day</b>											
<p><b>"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 of not less than one nor 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 state."</b></p> <p>Signature of Employee _____ Date _____</p> <p>Signature of Approving Authority _____ Print or Type Name: _____ Date: _____ Phone No. _____</p> <p>Signature of Program Manager (if applicable) _____ Print or Type Name: _____ Date: _____ Phone No. _____</p>							<p><i>Total Lodging / Meals (Lodging receipts required)</i></p> <p><i>Common Carrier, Airline, Taxi, etc. (detailed on back) - receipts required</i></p> <p><i>Registration Fees (detailed on back)- receipts required</i></p> <p><i>Miscellaneous Expenses (detailed on back) - receipts required</i></p> <p><i>State Use Mileage @ _____ per mile</i></p>					
							<p><b>Please attach agenda and all required documentation. Forms will be returned if required documents are not attached as well as forms not being completed correctly.</b></p>		<b>Total Expenditures</b>			
<b>EXPLAIN THE PURPOSE OF THE TRIP(S)</b>							<b>GL ACCOUNT DISTRIBUTION</b>					
							<b>ORG CODE</b>					
							<b>TRAVEL</b>	<b>558000</b>				
							<b>DUES AND FEES</b>	<b>581000</b>				
							<b>OTHER</b>	_____				
							<b>TOTAL</b>					

**AUTOMOBILE MILEAGE RECORD**

DATE		ORIGIN - POINTS VISITED	DESTINATION	STARTING MILEAGE	ENDING MILEAGE	TOTAL MILEAGE	PERSONAL MILEAGE	STATE USE MILEAGE
MONTH	DAY							

**ATTACH CONTINUATION SHEET IF NEEDED** **Total Mileage**

If departure is from the employee's residence, mileage is calculated from the residence to the destination point, with a reduction for normal one-way commuting miles and same for the return trip. This deduction is recorded in the Personal Mileage column. (Total State Miles - Personal Mileage=State Use Mileage)

PERSONAL CAR			RENTAL CAR OR OTHER VEHICLE	
Ga. Tag No.	State Use Miles	Total Miles	Tag No.	Total Miles

**EXPLAIN ANY EXPENSES THAT ARE UNUSUAL OR EXCEED ESTABLISHED LIMITS:**

DATE	AIRLINE TICKETS, TAXI, LIMOUSINE PORTERAGE, PARKING & TOLLS	AMOUNT	DATE	REGISTRATION FEES	AMOUNT
			<b>REGISTRATION FEE TOTAL</b> (Enter in appropriate line of expense section, front side.)		
DATE			DATE	MISCELLANEOUS	AMOUNT
<b>TOTAL COMMON CARRIER AMOUNT</b> (Enter in appropriate line of expense section, front side.)			<b>MISCELLANEOUS SUBTOTAL</b> (Enter in appropriate line of expense section, front 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