

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

PO Number	Gainesville City School District Employee Expense Statement						For Travel from	through				
Last Name	First Name	MI	Res. Address	(Street)	(City)	(County)	(State)	(Zip)				
Title	Business Telephone #	Bus. Address						(Street)	(City)	(County)	(State)	(Zip)
			Breakfast		Lunch		Dinner		Lodging		Total Expenditures	
<small>Date</small>	<small>Departure Time</small>	<small>Return Time</small>	Location	Amount	Location	Amount	Location	Amount	Location	Amount		
<small>Mo.</small>	<small>Day</small>											
<p>"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."</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>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.</p>		Total Expenditures			
EXPLAIN THE PURPOSE OF THE TRIP(S)							GL ACCOUNT DISTRIBUTION					
							ORG CODE					
							TRAVEL	558000				
							DUES AND FEES	581000				
							OTHER	_____				
							TOTAL					

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
			REGISTRATION FEE TOTAL (Enter in appropriate line of expense section, front side.)		
			DATE	MISCELLANEOUS	AMOUNT
TOTAL COMMON CARRIER AMOUNT (Enter in appropriate line of expense section, front side.)			MISCELLANEOUS SUBTOTAL (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