

****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					
Date		Departure Time		Return Time		Location		Amount		Location			Amount		Location		Amount
Mo.	Day																
<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>						Total Expenditures					
EXPLAIN THE PURPOSE OF THE TRIP(S)						GL ACCOUNT DISTRIBUTION											
						<p>ORG CODE <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p>											
						TRAVEL		558000		<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>		<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>					
						DUES AND FEES		581000		<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>		<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>					
						OTHER		_____		<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>		<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>					
						TOTAL				<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>		<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>					

