

****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		Location		Amount		Location		Amount				
<small>Mo.</small>	<small>Day</small>	<small>Departure Time</small>	<small>Return Time</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>				Total Expenditures								
EXPLAIN THE PURPOSE OF THE TRIP(S)						GL ACCOUNT DISTRIBUTION						
						ORG CODE		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
						TRAVEL		558000	<input type="text"/> <input type="text"/>			
						DUES AND FEES		581000	<input type="text"/> <input type="text"/>			
						OTHER		_____	<input type="text"/> <input type="text"/>			
						TOTAL			<input type="text"/> <input type="text"/>			

