STATE OF GEORGIA EMPLOYEE TRAVEL EXPENSE STATEMENT (Please type or print)

DEPARTMENT **For period from** **thru**

NAME	TITLE	HEADQUARTERS (City) (County) (State)
SOCIAL SECURITY NUMBER	BUSINESS PHONE	RESIDENCE (Street) (City) (County) (St) (ZIP Code)

DATE	Depart Time	Arrival Time	BREAKFAST Location	BREAKFAST Amount	LUNCH Location	LUNCH Amount	DINNER Location	DINNER Amount	MEALS - DAILY TOTALS Total	MEALS - DAILY TOTALS Overage	MEALS - DAILY TOTALS Allowed	LODGING Location	LODGING Amount
TOTALS FOR EACH CATEGORY													

"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 for 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."

Signature _____ Date _____

Approved _____ Date _____

Approved _____ Date _____

STATE USE MILEAGE _____ MILES AT _____ CENTS PER MILE (Must be supported by automobile mileage record on back)	
TOTAL MEALS (Amount allowed)	
TOTAL LODGING (Attach lodging receipts)	
OTHER TRAVEL EXPENSES (Detailed on back)	
COMMERCIAL TRANSPORTATION (Detailed on back)	
MISCELLANEOUS EXPENSES (Detailed on back)	

TOTAL APPROVED EXPENDITURES **$**

ACCOUNTING USE ONLY

VENDOR ID	TERMS	ORGANIZATION NO	PAYMENT HANDLING		VOUCHER ID

ACCOUNT	AMOUNT	DESCRIPTION
640001		TRAVEL-MILEAGE
640002		TRAVEL-MEALS
640003		TRAVEL-LODGING
640004		TRAVEL-OTHER
640005		TRAVEL-COMMERCIAL TRANSPORTATION
		MISCELLANEOUS EXPENSES
TOTAL		

AUTOMOBILE MILEAGE RECORD

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

PERSONAL CAR	DEPARTMENT CAR	DOAS CAR	OTHER TYPE TRANSPORTATION
Ga. Tag No.	I. D. No.	I. D. No.	STATE AIRCRAFT ( ) DATE
State Use Miles	Total Miles	Total Miles	COMMERCIAL AIRCRAFT ( ) DATE
EXPLAIN ANY EXPENSES THAT ARE UNUSUAL OR EXCEED ESTABLISHED LIMITS:			OTHER (SPECIFY) ( ) DATE

PURPOSE OF TRIP:

EXPLAIN TELEPHONE CHARGES:

DATE	**COMMERCIAL TRANSPORTATION COMMON CARRIER, TAXI, LIMOUSINE**	AMOUNT	DATE	**TRAVEL - OTHER TIPS, PARKING**	AMOUNT	DATE	**MISCELLANEOUS EXPENSES**	AMOUNT
COMMERCIAL TRANSPORTATION TOTAL			**TRAVEL-OTHER TOTAL**			**MISCELLANEOUS TOTAL**		

Enter each total in appropriate line of expense section on 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