

**FRANKLIN COUNTY BOARD OF EDUCATION**  
**EMPLOYEE TRAVEL EXPENSE STATEMENT Updated 1-3-2019**

<b>NAME:</b>		<b>SSN:</b>		<b>WORK LOCATION:</b>	
<b>HOME ADDRESS:</b>					
<b>CITY:</b>		<b>STATE:</b>		<b>ZIP:</b>	

**PERSONAL VEHICLE MILEAGE**

<b>TRAVEL FROM:</b>			<b>TO:</b>		
<b>DATE</b>	<b>DEPARTURE LOCATION</b>	<b>DESTINATION</b>	<b>BEGINNING ODOMETER</b>	<b>ENDING ODOMETER</b>	<b>NUMBER OF MILES</b>
			-	-	-
			-	-	-
			-	-	-
			-	-	-
			-	-	-
			-	-	-
			-	-	-

<b>TOTAL MILES USED</b>		-
<b>MILEAGE RATE</b>	<b>\$ 0.58</b>	<b>\$ 0.58</b>
<b>AMOUNT OWED</b>		<b>\$ -</b>

**MEALS**

**NE- NOT ELIGIBLE:** Meals not occurring within eligible depart and return times or meals included in registrations fees.  
**REG- In State Regular:** B/L/D: \$6.00/\$700/\$15.00  
**HIGH- In State High Cost:** B/L/D: \$7.00/\$9.00/\$20.00 (limited to: Chatham, Cobb, DeKalb, Fulton, Glynn, Richmond Counties)

DATE	DEPART TIME	RETURN TIME	BREAKFAST	LUNCH	DINNER	DAILY TOTAL
			\$ -	\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -	\$ -
<b>TOTAL</b>						<b>\$ -</b>

**LODGING**

DATE	LOCATION	DAILY RATE	#DAYS	TOTAL
				\$ -
				\$ -
				\$ -
<b>TOTAL</b>				<b>\$ -</b>

<b>MISCELLANEOUS EXPENSE</b>	
DESCRIPTION	AMOUNT
	\$ -
	\$ -
	\$ -
<b>TOTAL</b>	<b>\$ -</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 local use mileage in the discharge of my official duties for the local school system.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Approval Authority \_\_\_\_\_ Date \_\_\_\_\_

**FUNDING SOURCE** \_\_\_\_\_

<b>TOTAL EXPENSES</b>	
Total Mileage Expenses	\$ -
Total Meals	\$ -
Total Lodging	\$ -
Total Miscellaneous	\$ -
<b>AMT DUE EMPLOYEE</b>	<b>\$ -</b>