

BREMEN CITY SCHOOLS TRAVEL EXPENSE STATEMENT

Revised January 1, 2019

NAME _____ SOCIAL SECURITY # (LAST FOUR) _____

ADDRESS _____

DATE OF SUBMISSION _____

PURPOSE OF TRIP (Attached Agenda) _____

LICENSE PLATE (required) _____ CENTRAL OFFICE USE ONLY: QBE NUMBER _____

					MILEAGE			FOOD AND LODGING				MISC. EXPENSE
DATE	ORINATION/ DESTINATION	DEPARTURE TIME	ARRIVAL TIME	ODOMETER BEGINNING	ODOMETE R ENDING	TOTAL MILES	BREAKFAST \$6.00/\$7.00 High Cost Area	LUNCH \$7.00/\$9.00 High Cost Area	DINNER \$15.00/\$20.00 High Cost Area	*DAILY MEALS Limit \$28/day or \$36/day High Cost Area	LODGING Receipt Required	OTHER Identify under amount
TOTAL										\$ -	\$ -	\$ -

I do solemnly swear, under penalty provided by law, that the above statements are true and I have incurred the described expenses and the state use milage in the discharge of my official duties for the State.

Total Miles X \$ 0.58= _____ + Meals and Lodging \$ _____ + Misc = _____

Total Due to Employee

***DAILY MEALS FOR HIGH COST AREAS AND DEPARTURE/RETURN DATE**

"High Cost Area" is where meal expenses may be reimbursed at a maximum of \$36.00 per day. High cost areas are limited to the following counties: Chatham, Cobb, DeKalb, Fulton, Glynn, and Gwinnett counties.

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Superintendent Signature _____ Date _____