GEORGIA COLLEGE
GEORGIA'S PUBLIC LIBERAL ARTS UNIVERSITY

Travel Expense Statement

Name _____ Department _____

Address _____ Purpose _____

Date	Breakfast	Lunch	Dinner	Lodging	Miles Driven	Mileage rate .625	Total

Other Expenses

Date	Expense Type	Amount
	Airfare	
	Baggage	
	Commercial Transportation	
	Rental Car	
	Fuel for Rental Car	
	Total Expenses	

I do solemnly swear, under criminal penalty of a felony for false statements subject to punishment by fine of not more than $1000 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 in the discharge of my official duties for the state.

_____ _____

Submitter Signature and Date Approver Signature and Date