



**UNIVERSITY SYSTEM OF GEORGIA  
TRAVEL EXPENSE STATEMENT**

ACCT N  \_\_\_\_\_

NAME \_\_\_\_\_ SOC. SEC. NO. \_\_\_\_\_ TITLE \_\_\_\_\_  
Last First Middle Initial

HEADQUARTERS Milledgeville, GA INSTITUTION Georgia College & State University

**RESIDENCE** \_\_\_\_\_ DATE FROM \_\_\_\_\_ TO \_\_\_\_\_

 Day	TIME		Location / Points Visited	<b>DETAILS OF SUBSISTENCE</b>  (Attach Lodging Receipt)				TOTAL	Do Not Write in This Space for ACCT. DEPT.
	Departed	Arrived		B=fast	Lunch	Dinner	Lodging		
								0.00	
								0.00	
								0.00	
								0.00	
								0.00	
								0.00	
<b>TOTALS</b>				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
EXPLAIN ANY UNUSUAL AMOUNTS FOR SUBSISTENCE:								XXXXXXXX	
STATE USE MILEAGE <u>0</u> @ <u>57.50%</u> CENTS PER MILE <small>(Must be supported by automobile mileage record on reverse side)</small>								\$0.00	
COMMON CARRIER, TAXI/LIMOUSINE <small>(Explain in section on reverse side)</small>								\$0.00	
TOTAL TRAVEL EXPENSE								\$0.00	
MISCELLANEOUS EXPENSES <small>(Explain in section on reverse side)</small>								\$0.00	
GRAND TOTAL								\$0.00	

I do solemnly swear, under criminal penalty of a felony for false statements subject to punishment by not less than one year nor more than twenty years of penal servitude, 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 and have not been reimbursed and have not filed nor will I file for reimbursement from any other source, for said expenses.

**APPROVED** \_\_\_\_\_ **SIGNED** \_\_\_\_\_ DATE \_\_\_\_\_

**AUTOMOBILE MILEAGE RECORD**



GEORGIA LICENSE NO. OF CAR \_\_\_\_\_ PERIOD ENDING \_\_\_\_\_

Prepare daily, using a separate block for each day—s State use travel and for each departure from headquarters.

Day	DAILY TRAVEL (points Visited)	ODOMETER READINGS No Longer Required - Optional		MILES TRAVELED		
		Starting	Ending	Miles Daily	Prsonal Use	State USE
	FROM: _____ To: _____ Points Visited: _____					0
	FROM: _____ To: _____ Points Visited: _____					0
	FROM: _____ To: _____ Points Visited: _____					0
	FROM: _____ To: _____ Points Visited: _____					0
	FROM: _____ To: _____ Points Visited: _____					0
	FROM: _____ To: _____ Points Visited: _____					0
	FROM: _____ To: _____ Points Visited: _____					0
<b>TOTAL MILES TRAVELED</b>				0	0	0

Transfer total State use miles to travel expense section (front side) for computation of amount at the prescribed State mileage rate.

PURPOSE OF TRIP: (Attach prior approval form if applicable.)

If traveling under a standing authorization please check

Day	<b>COMMON CARRIER, TAXI/LIMOUSINE</b> (Explain, attach receipts for common carrier)	Amount	Day	<b>MISCELLANEOUS</b> (Explain, attach receipts except for tele. And telg.)	Amount
TOTAL AMOUNT (Enter in appropriate line of above expense section)		\$0.00	TOTAL AMOUNT (Enter in appropriate line of above expense section)		\$0.00