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 Stacy Haralson
 Council of Superior Court Clerks
 P.O. Box 528 Hamilton, GA 31811

TRAVEL EXPENSE STATEMENT

Name _____ Title _____
 Address _____ Soc Sec # _____
 City _____ State _____ Zip _____ headquarters city _____
 purpose of trip(s) _____

Enter Each Date	Times		Locations/Places Visited	Details of Subsistence (Attach Lodging Receipts)				Daily Totals Claimed	Acct Dept Use Only
	Departed	Arrived		Breakfast	Lunch	Dinner	Lodging		
	D:								
	A:								
	D:								
	A:								
	D:								
	A:								
	D:								
	A:								
Sub Totals →									
Explain any unusual amount for subsistence									
State Use Mileage _____ Miles @ \$0.545 Per Mile (subject to change) (Must be supported by automobile mileage record on Worksheet)									
Airfare, Taxi, Airport Shuttle (Explain on Worksheet)									
TOTAL TRAVEL EXPENSE									
Miscellaneous Expense (Explain on Worksheet)									
GRAND TOTAL									

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 mileage in the discharge of my official duties for the state.

Approved _____ Signed _____ Date _____

WORKSHEET

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 Reading		Miles Traveled		
		Starting	Ending	Miles Daily	Personal Use	State Use
	From:					
	To:					
	Points Visited:					
	From:					
	To:					
	Points Visited:					
	From:					
	To:					
	Points Visited:					
	From:					
	To:					
	Points Visited:					
Total Miles Traveled						
Transfer Total State Use Miles to Travel Expense Section (Page 1) for computation at the prescribed State Mileage Rate.						

Purpose of Trip: (Attach prior approval form if applicable):

If traveling under a standing authorization please check

Day	AIRFARE, TAXI/LIMO, ETC. (Explain, attach receipts)	Amount	Day	ALLOWABLE MISCELLANEOUS EXPENSE (Explain, attach receipts)	Amount
Total Amount (Enter on Page 1)			Total Amount (Enter on Page 1)		

NOTE: REIMBURSABLE EXPENDITURES ARE SUBJECT TO REGULATIONS OF THE STATE OF GEORGIA. IN ADDITION, SPECIAL FUNDING SOURCES SUCH AS FEDERAL GRANTS MAY REQUIRE SPECIAL REIMBURSEMENT RESTRICTIONS. ANY QUESTIONS REGARDING REIMBURSEMENT LIMITS SHOULD BE RESOLVED PRIOR TO INCURRING OF EXPENSES.