

EMPLOYEE EXPENSE STATEMENT

Name _____
 Address _____

Name of Activity _____
 SSN or Employee # _____
 Headquarters _____
 Month Ending _____ Auto License # _____

TRANSPORTATION						SUBSISTENCE					MISCELLANEOUS			
<i>Attach Receipt(s)</i>						<i>B/L/D = \$6/\$7/\$15 - Attach Receipt(s) for Lodging</i>					<i>Attach Receipt(s)</i>			
Date	Departure and Arrival Time	From	-	To	Odometer Reading - Ending Beginning	Number Local Use Miles	Other Transportation (Airfare, Taxi, Limo., Bus)	Breakfast	Lunch	Dinner	Daily Meal Total	Lodging	Description	Amount

Miles _____ X .50 = \$ _____ +

Other Transportation Expenses \$ _____ = Total Transportation \$ _____

Total Subsistence \$ _____

Total Misc. \$ _____

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

Employee's Signature _____ Date _____

Approved By _____ Date _____

Funding Source(s)

Acct.# _____

Acct.# _____

Acct.# _____

Totals

Mileage \$ _____

Subsistence \$ _____

Miscellaneous \$ _____

Total Expenses \$ _____