

Name					SSN	XXX-XX-
Place of Residence						
	(street)	(city)	(state)	(zip code)		

**\*\*If claiming meals, times of departure and return must be completed**

TRANSPORTATION							
DATE	TIME DEPARTED ARRIVED	TO	ODOMETER READING BEGINNING ENDING	TOTAL MILES	AMOUNT COMMON CARRIER (ATTACH RECEIPT)	TAXI, LIMO BUS	TOTAL TRANSPORTATION
				0			\$0.00
				0			\$0.00
				0			\$0.00
				0			\$0.00
				0			\$0.00
				0			\$0.00
				0			\$0.00
				0			\$0.00
				0			\$0.00
				0			\$0.00
TOTAL MILES				0	TOTAL TRANSPORTATION		\$0.00

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

**(Sign, Attach Approval Receipts & Submit with 2 Copies)**

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal or Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Central Office Signature \_\_\_\_\_ Date \_\_\_\_\_

Superintendent Signature \_\_\_\_\_ Date \_\_\_\_\_

Account Number \_\_\_\_\_

Month Ending	
Purpose/Place of Meeting	

**\*Please enter a "P" in the box if the meal was provided at no cost to you.**

MEALS AND LODGING				OTHER EXPENSES		
BREAK FAST	LUNCH	DINNER	DAILY TOTAL	LODGING (ATTACH RECEIPT)	OTHER EXPENSES	IDENTIFY OTHER EXPENSES
			\$0.00			
			\$0.00			
			\$0.00			
			\$0.00			
			\$0.00			
			\$0.00			
			\$0.00			
			\$0.00			
			\$0.00			
			\$0.00			
TOTALS:			\$0.00	\$0.00	\$0.00	

<b>TOTAL AMOUNT TO BE REIMBURSED</b>	<b>\$ -</b>
--------------------------------------	-------------

**Per Deim Amounts**

	Breakfast	Lunch	Dinner	Daily Total
<b>Full Day of Travel:</b>	\$6	\$7	\$15	<b>\$28</b>
<b>High Cost Full Day:</b>	\$7	\$9	\$20	<b>\$36</b>

**High Cost areas include the following counties:** *Chatham, Glynn, Richmond, Cobb, DeKalb and Fulton*

		B	L	D
<b>DEPARTURE TIME:</b>	PRIOR TO	9:00 AM	12:00 PM	6:00 PM
<b>RETURN TIME:</b>	AFTER	9:00 AM	12:00 PM	6:00 PM



