



Hall County Schools

Travel Expense Statement

Character. Competency. Rigor for All.

Name (Last)		(First)		Street Address					Date Received in Accounting (Karen Acrey)						
Employee ID Number															
Primary Work Location				City											
Position				State		ZIP Code		License Plate							
Budget Number														Additional Explanations	
Fund	Fiscal Year	Function	Object	Program	Facility	Building	Additional	Amount (\$)							
							000000								
							000000								
							000000								
Date of Travel	Depart Time Arrival Time	Starting Point, Destination (List All Stops)			Purpose of Trip		Beg. Odom. End. Odom.	Mileage (Personal)	Fares (Air, Taxi, Etc.)	Lodging	Breakfast	Lunch	Dinner	Other Expenses	Total Expenses
CLAIMANT STATEMENT: I do solemnly swear, under penalty provided by law, this account of travel expenses is accurate and conforms with all applicable State and School District regulations. The expenses are actual, reasonable, and were personally incurred in the performance of my official duties for Hall County Schools and the State of Georgia. No portion of this claim was provided free of charge, previously paid from any other source, or will be paid from any other source in the future.															
							Miles at \$		=	Total					
							Miles at \$		=	Mileage					
							Per Diem	Breakfast	Lunch	Dinner	Total This Page _____ Total All Pages _____				
In-State															
High Cost															
Claimant's Signature					Date		Out State	Contact Karen Acrey							
Supervisor Approval					Date		Finance Officer Approval					Date			

Version 1.03 12.31.2018



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	Arrival Time			End. Odom.								
Additional Comments & Explanations:												
					Miles at \$ _____ = _____ Total Mileage							
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					High Cost							
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					In-State							
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