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Hall County Schools Travel Expense Statement

Employee ID Number Primary Work Location State S	Name (Last)			(First)		Street Addre	ss						Date Received in Accounting (Karen Acrey)			
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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. Date Depart Time Starting Point, Destination Starting Point, Destination Purpose of Trip End. Odom. Mileage Fares Lodging Breakfast Lunch Dinner Expenses Expenses Expenses Contact Karen Acrey Purpose of Trip Expenses	Budget Num	ber									Additional Explanations					
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