



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	Function	Program	Object	Dept.	Facility	Detail	Project/Grant	Amount (\$)							
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			



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



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Out State	Contact Karen Acrey											



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					In-State							
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