



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			



Hall County Schools

Travel Expense Statement

Character. Competency. Rigor for All.

Name (Last)		Name (First)		Employee ID Number		Page #		2				
Date of Travel	Depart Time	Starting Point, Destination (List All Stops)	Purpose of Trip	Beg. Odom.	Mileage (Personal)	Fares (Air, Taxi, Etc.)	Lodging	Breakfast	Lunch	Dinner	Other Expenses	Total Expenses
	Arrival Time			End. Odom.								
Additional Comments & Explanations:												
					Miles at \$ _____ = _____ Total Mileage							
					Miles at \$ _____ = _____ Total Mileage							
					Per Diem	Breakfast	Lunch	Dinner	Total This Page _____ Total All Pages _____			
					In-State							
					High Cost							
Out State	Contact Karen Acrey											



Hall County Schools

Travel Expense Statement

Character. Competency. Rigor for All.

Name (Last)		Name (First)		Employee ID Number		Page #		3				
Date of Travel	Depart Time	Starting Point, Destination (List All Stops)	Purpose of Trip	Beg. Odom.	Mileage (Personal)	Fares (Air, Taxi, Etc.)	Lodging	Breakfast	Lunch	Dinner	Other Expenses	Total Expenses
	Arrival Time			End. Odom.								
Additional Comments & Explanations:												
					Miles at \$ _____ = _____ Total Mileage							
					Miles at \$ _____ = _____ Total Mileage							
					Per Diem	Breakfast	Lunch	Dinner	Total This Page _____ Total All Pages _____			
					In-State							
					High Cost							
Out State	Contact Karen Acrey											



Hall County Schools

Travel Expense Statement

Character. Competency. Rigor for All.

Name (Last)		Name (First)		Employee ID Number		Page #		4				
Date of Travel	Depart Time	Starting Point, Destination (List All Stops)	Purpose of Trip	Beg. Odom.	Mileage (Personal)	Fares (Air, Taxi, Etc.)	Lodging	Breakfast	Lunch	Dinner	Other Expenses	Total Expenses
	Arrival Time			End. Odom.								
Additional Comments & Explanations:												
					Miles at \$ _____ = _____ Total							
					Miles at \$ _____ = _____ Mileage							
					Per Diem	Breakfast	Lunch	Dinner	Total This Page _____ Total All Pages _____			
					In-State							
					High Cost							
Out State	Contact Karen Acrey											



Hall County Schools

Travel Expense Statement

Character. Competency. Rigor for All.

Name (Last)		Name (First)		Employee ID Number		Page #		5				
Date of Travel	Depart Time	Starting Point, Destination (List All Stops)	Purpose of Trip	Beg. Odom.	Mileage (Personal)	Fares (Air, Taxi, Etc.)	Lodging	Breakfast	Lunch	Dinner	Other Expenses	Total Expenses
	Arrival Time			End. Odom.								
Additional Comments & Explanations:												
					Miles at \$ _____ = _____ Total Mileage							
					Miles at \$ _____ = _____ Total Mileage							
					Per Diem	Breakfast	Lunch	Dinner	Total This Page _____ Total All Pages _____			
					In-State							
					High Cost							
					Out State	Contact Karen Acrey						



Name (Last)	Name (First)	Employee ID Number	Page #
			6

Additional Comments & Explanations:									
	Miles at		\$	=	Total				
	Miles at		\$	=	Mileage				
	Per Diem	Breakfast	Lunch	Dinner	Total This Page Total All Pages				
	In-State								
	High Cost								
	Out State	Contact Karen Acrey							



Hall County Schools

Travel Expense Statement

Character. Competency. Rigor for All.

Name (Last)		Name (First)		Employee ID Number		Page #		7				
Date of Travel	Depart Time	Starting Point, Destination (List All Stops)	Purpose of Trip	Beg. Odom.	Mileage (Personal)	Fares (Air, Taxi, Etc.)	Lodging	Breakfast	Lunch	Dinner	Other Expenses	Total Expenses
	Arrival Time			End. Odom.								
Additional Comments & Explanations:												
					Miles at \$ _____ = _____ Total Mileage							
					Miles at \$ _____ = _____ Total Mileage							
					Per Diem	Breakfast	Lunch	Dinner	Total This Page _____ Total All Pages _____			
					In-State							
					High Cost							
Out State	Contact Karen Acrey											