Meriwether County School System

Employee Expense Statement

2018-2019

NAME				SS#									
LOCATION				Mth. Ending									
Date	Time Departed/ Arrived	From/To	Odom. Reading/ Beginning	# Local Use Miles	Other Transp.	Total Transp.	B'Fast	Lunch	Dinner	Total Meals	Lodging (Attach Receipt)	Total Subsist.	Other Expenses
			Total Miles		Total Transp.		Total Subsistence				Total Other		

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

_____

Employee's Signature Date

_____

Supervisor's Signature Date

_____

Program Director's Signature Date

_____

CFO's Signature Date Date

	Total to be reimbursed:						
	Account Coding						
	Fund Codg	Proj Codg	Funct Codg	Obj Codg	Fac Codg	Amount	**Purpose of Travel**
Prepaid Expend.			0181				
Prepaid Expend.			0181				
Travel Expend.				580			
Dues/Fees Expend				810			
Other Expend.							
Other Expend.							
Net Reimbursement check to the employee							

2018 Mileage Rate: .58/mile – Effective 1.1.19