

Meriwether County School System

Employee Expense Statement

NAME							SS#							
Home Address:							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					

Employee's Signature Date

Supervisor's Signature Date

Program Director's Signature Date

CFO's Signature Date

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

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.

2022 Mileage Rate: .625 Effective 7.1.2022