

## PICKENS COUNTY BOARD OF EDUCATION EMPLOYEE EXPENSE STATEMENT

Central Office Use Only: Vendor # _____  Sequence # _____				Position:							
				Budget Code(s):							

Name:			Month End:								
<b>Employee ID #:</b> (Required)			Headquarters:			Tag#:					
Address:				City:		State:		Zip Code:			

DATE	TIME DEPARTED ARRIVED	FROM/TO	ODOMETER READING Start/End	TOTAL MILES	BREAK- FAST	LUNCH	DINNER	SUB TOTAL MEALS	LODGING RECEIPT	TOTAL SUBSIS- TANCE	COMMON CARRIER RECEIPT	MEMO EXP.	MEMO EXP. AMOUNT
				0				\$0.00		\$0.00			
				0				\$0.00		\$0.00			
				0				\$0.00		\$0.00			
				0				\$0.00		\$0.00			
				0				\$0.00		\$0.00			
				0				\$0.00		\$0.00			
				0				\$0.00		\$0.00			
				0				\$0.00		\$0.00			
				0				\$0.00		\$0.00			
				0				\$0.00		\$0.00			
				0				\$0.00		\$0.00			
				0				\$0.00		\$0.00			
				0				\$0.00		\$0.00			
				0				\$0.00		\$0.00			

I do solemnly swear, under the penalty provided by law that the above statements are true and I have incurred the described expenses and the County use mileage in the discharge of my official duties for Bartow County School System.	Total Miles: 0	\$0.00	TOT. MILEAGE	TOT. SUBSISTENCE	\$0.00	\$0.00	\$0.00
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Employee's Signature: _____ Date: _____	Explanation: <i>(i.e., name of conference, if you car pooled or roomed with another teacher. Please attached agenda or travel expense will be delayed. Make sure Time and Date are filled out completely.)</i>	Total Reimbursement	\$0.00
Approval: _____		Less Travel/Lodging Advance	\$0.00
Division Director: _____		<b>Grand Total</b>	<b>\$0.00</b>
		Revised 04/01/2008	

