State Accounting Office
Travel Expense Statement

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Agency/Division:				Travel From:	To:
Name:	Title:			Employee ID#	
Office	Street:	City:	County:	State: GA	Zip:
Home	Street:	City:	County:	State: GA	Zip:
Office Phone:	Email:	Enter daily personal commute miles from residence to work (one-way)			
	Department ID:	Project:	Program:	Funding Source:	

Meals

Meal Code Descriptions:
Select a code in the dropdown box located to the left of each meal.

NE - Not Eligible: Meals not occuring within eligible depart and return times or meals included in registration fees.
REG - In State Regular: B/L/D: 6.00 / 7.00 / 15.00
HGH - In State High Cost: B/L/D: 7.00 / 9.00 / 20.00 (Limited to: Chatham, Cobb, DeKalb, Fulton, Glynn, Gwinnett Counties)
OS - Out of State: Enter daily per diem rate: Please note that $3.00 for incidentals is not allowed and will be deducted from daily totals if claimed.

***Time MUST be entered as 00:00 am (or pm)**

If you have an unusual meal expense, use the miscellaneous expenses section on the next page.

Date	Depart* Time	Return* Time	Breakfast Code	Breakfast Location	Breakfast Amt	Lunch Code	Lunch Location	Lunch Amt	Dinner Code	Dinner Location	Dinner Amt	Total
					.00			.00			.00	.00
					.00			.00			.00	.00
					.00			.00			.00	.00
					.00			.00			.00	.00
					.00			.00			.00	.00
					.00			.00			.00	.00
					.00			.00			.00	.00
					.00			.00			.00	.00
					.00			.00			.00	.00
											Total	**$ .00**

Lodging

From	To	Location	Daily Rate	# Days	Total
					Total

Purpose of Trip(s)

From	To	Description

Registration Fee (if paid by employee)

Description	Amount

Enter amount of Travel Advance:

"I do solemnly swear, under criminal penalty of a felony for false statements subject to punishment by fine of not more than $1000 or by imprisonment of not less than one nor more than five years, that the above statements are true and I have incurred the described expenses and the state use mileage in the discharge of my official duties for the state."

Employee Signature _____ Date _____

Approval Authority _____ Date _____

Approval Authority _____ Date _____

Total Expenses

Total Meals and Lodging	$ .00
Other Expenses (Page 2)	$ .00
Total Expenses	$ .00
Less Travel Advance	$ .00
Amount Due To/From Employee	**$ .00**

Desired Delivery Method (options not available at all organizations): Direct Deposit

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ID# Employee: to

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Personal Vehicle Mileage

I certify that use of a personal vehicle was more advantageous than a state or commercial rental. ◯ Yes ◉ No

Select type of personal vehicle: ◉ Automobile ◯ Motorcycle ◯ Airplane ☐ I have an assigned state car on a permanent basis

Date	Origin	Points Visited	Destination	Begin Miles	End Miles	Commute Miles	Personal Miles	State Use Miles

Indicate use of motor pool vehicle or shared transportation:

☐ Motor Pool Vehicle was used for travel. Person(s) traveled with:

Total State Use Miles

Mileage Rate $ 0.285 $ .00

Commercial Transportation (paid for by employee)

Begin Date	End Date	Type of Transportation	Origin	Destination	Amount
		Select or Type			
		Select or Type			
		Select or Type			
				Total	

Voice/Data Communications (Telephone Calls, Internet Charges)

Date	Location	Person Called	Reason for Call	Amount
			Total	

Parking, Tolls, Porterage

Date	Description	Amount
	Total	

Gasoline for Rental Vehicle (paid by employee)

Date	Description	Amount
	Total	

Miscellaneous Expenses

Date	Description	Amount
	Total	

Explain any expenses that are unusual or exceed established limits:

Total Other Expenses $ .00

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This page for Accounting use only

Name: Phone: Travel From: to

Amount Due To/From Employee: **$ .00**

Employee ID	Vendor ID	PeopleSoft Loc	Terms	Gross $	Acct Date
				0.00	
Invoice No.	Invoice Date	Handling Code	Voucher No.	Voucher Date	Acct Template
Effective Date	Description	Pay Date	Check #	Check Date	Location
Reference No.	Business Unit	Budget Year			

Line Description	Account	Fund	Org / Dept	OPB Program	Class	Funding Src	Project	Amount
Mileage	640001				301			0.00
					301			
					301			
Meals	640002				301			0.00
					301			
					301			
Lodging	640003				301			
					301			
					301			
Other (Parking, Tolls, Porterage)	640004				301			
					301			
					301			
Commercial Transportation	640005				301			
					301			
					301			
Voice/Data Communication Svcs	872_____				307			
					307			
					307			
Registration Fees	627003				301			
					301			
					301			
Miscellaneous Expenses	640004				301			
Travel Advance	125004							
Gasoline for Rental Vehicle	640009				301			
Travel between State Orgs	640208 | 640209				301			
Money Owed								

Non-Employees

Account	Line Description	Sub-Cls	Amount
627049	Mileage	301	
627049	Commercial Transportation	301	
627049	Subsistence	301	
627049	Miscellaneous Travel Expenses	301	
652001	Reimbursable Expenses	312	

Processed By: Date

Entered By: Date