

**UNIVERSITY SYSTEM OF GEORGIA
TRAVEL EXPENSE STATEMENT**

NAME _____ EMPLOYEE ID _____ TITLE _____
Last First Middle Initial

DEPARTMENT _____ INSTITUTION Augusta State University

RESIDENCE _____ DATE FROM _____ TO _____

Day	TIME		Location / Points Visited	DETAILS OF SUBSISTENCE (Attach Lodging Receipt)				TOTAL	Do Not Write in This Space for ACCT. DEPT.
	Departed	Arrived		B-fast	Lunch	Dinner	Lodging		
TOTALS									
EXPLAIN ANY UNUSUAL AMOUNTS FOR SUBSISTENCE:								XXXXXXXX	
STATE USE MILEAGE @ PER MILE <small>(Must be supported by automobile mileage record on reverse side)</small>									
COMMON CARRIER, TAXI/LIMOUSINE <small>(Explain in section on reverse side)</small>									
TOTAL TRAVEL EXPENSE									
MISCELLANEOUS EXPENSES <small>(Explain in section on reverse side)</small>									
GRAND TOTAL									

I do solemnly swear, under criminal penalty of a felony for false statements subject to punishment by not less than one year nor more than twenty years of penal servitude, 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 and have not been reimbursed and have not filed nor will I file for reimbursement from any other source, for said expenses.

SIGNED _____ APPROVED _____ DATE _____

AUTOMOBILE MILEAGE RECORD

GEORGIA LICENSE NO. OF CAR _____ PERIOD ENDING _____, 20____

Enter daily personal commute miles from residence to work:

Prepare daily, using a separate block for each day's State use travel and for each departure from headquarters.

Day	DAILY TRAVEL (points Visited)	ODOMETER READING		MILES TRAVELED		
		Starting	Ending	Commute Miles	Personal Miles	State Use Miles
	FROM: _____ To: _____ Points Visited: _____					
	FROM: _____ To: _____ Points Visited: _____					
	FROM: _____ To: _____ Points Visited: _____					
	FROM: _____ To: _____ Points Visited: _____					
	FROM: _____ To: _____ Points Visited: _____					
	FROM: _____ To: _____ Points Visited: _____					
	FROM: _____ To: _____ Points Visited: _____					
TOTAL MILES TRAVELED						
Transfer total State use miles to travel expense section (front side) for computation of amount at the prescribed State mileage rate.						

PURPOSE OF TRIP: (Attach prior approval form if applicable.)

 If traveling under a standing authorization please check _____

Day	COMMON CARRIER, TAXI/LIMOUSINE (Explain, attach receipts for common carrier)	Amount	Day	MISCELLANEOUS (Explain, attach receipts except for tele. And telg.)	Amount
TOTAL AMOUNT (Enter in appropriate line of above expense section)			TOTAL AMOUNT (Enter in appropriate line of above expense section)		