

**UNIVERSITY SYSTEM OF GEORGIA
TRAVEL EXPENSE STATEMENT**

TITLE CODE _____

NAME _____ VENDOR ID NO _____ TITLE _____

 Last First Middle Initial

HEADQUARTERS _____ 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		B-fast	Lunch	Dinner	Lodging		
	Arrived							
TOTALS								
EXPLAIN ANY UNUSUAL AMOUNTS FOR SUBSISTENCE:						XXXXXXX		
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 not will I file for reimbursement from any other source, for said expenses.

APPROVED _____ SIGNED _____ DATE _____

