UNIVERSITY SYSTEM OF GEORGIA NON-EMPLOYEE TRAVEL EXPENSE STATEMENT

NAME	Last Fir	st Middle Ini		. SEC. NO		Ţ	FITLE			
HEADQ	UARTERS				INST	TUTION				
RESIDE	ENCE				DA	TE FROM		Т	°O	
	TIME Departed					TAILS OF S Attach Lodg		Do Not Write in This Space		
Day	Arrived	Loca	ation/Points Visited		B'fast	Lunch	Dinner	Lodging	TOTAL	for ACCT. DEPT.
				TOTALS						
EXPLA	IN ANY UNU	SUAL AMOUN	TS FOR SUBSISTEN	NCE:				I		
	USE MILEAGE		MILES @	CEN	TS PER MI	LE				
-		atomobile mileage R, TAXI/LIMOU	record) SINE (Explain in sec	tion on rev	erse side)					
						TOTA	L TRAVEI	EXPENSE		
MISCELLANEOUS EXPENSES (Explain in section on reverse side)										
							GRA	ND TOTAL		
ACCOUN	Т	FUND	DEPT ID	PRO	δM	CLASS		GRANT	AMOUNT	
ACCOUN	Т	FUND	DEPT ID	PRO	δM	CLASS		GRANT	AMOUNT	

I do solemnly swear, under criminal penalty of a felony for false statements subject to punishment by fine of not more than \$1,000 or by imprisonment for 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.

CLASS

PRGM

AMOUNT

GRANT

SIGNATURE	DATE	
APPROVER SIGNATURE		DATE

DEPT ID

ACCOUNT

FUND

AUTOMOBILE MILEAGE RECORD

GEORGIA LICENSE NO. OF CAR

PERIOD ENDING

	Prepa	re daily, using a separate block for	each day's State use travel and for	r each departure from he	eadquarters.		
	DAILY TRAVEL (Points Visited) Day		ODOMETE	MIL	MILES TRAVELED		
Day			Starting	Ending	Miles Daily	Personal Use	State Use
	FROM: Points Visited:	TO:					
	FROM: Points Visited:	TO:					
	FROM: Points Visited:	TO:					
	FROM: Points Visited:	TO:					
	FROM: Points Visited:	TO:					
	FROM: Points Visited:	TO:					
			ΤΟΤΑ	L MILES TRAVELED	1		
	Click here to tran	nsfer total state use miles to travel	expense section.				

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. & telg.)	Amount
	TOTAL AMOUNT			TOTAL AMOUNT	