

# GEORGIA SOUTHERN UNIVERSITY

## Travel Expense Statement

### Departmental Chart of Accounts

Speedchart (5 Digits)	Project, if applicable (3-10 Digits)	Amount
<b>Total</b>		

FOR ACCOUNTS PAYABLE OFFICE USE ONLY					
Prepaid (132300)	Subsistence (640110)	Miles (640120)	Airline (640130)	Reg. Fees (727140)	

Name: \_\_\_\_\_ EmpID: \_\_\_\_\_  
LAST FIRST MI

Title: \_\_\_\_\_ Residence: \_\_\_\_\_

Headquarters: \_\_\_\_\_

GSU Department: \_\_\_\_\_ Zip Code: \_\_\_\_\_

GSU PO Box: \_\_\_\_\_ Travel Dates: From \_\_\_\_\_ To: \_\_\_\_\_

DATE	TIME		LOCATIONS/POINTS VISITED	DETAILS OF SUBSISTENCE LIST ACTUAL MEAL EXPENSE (INCLUDE TIP ON MEAL)			ATTACH LODGING RECEIPT	TOTAL	DO NOT WRITE IN THIS SPACE FOR ACCT DEPT
	DEPARTED	ARRIVED		BREAKFAST	LUNCH	DINNER	LODGING		
<b>TOTALS</b>									
EXPLAIN ANY UNUSUAL AMOUNTS OF SUBSISTENCE									
<b>STATE USE MILEAGE</b>			<b>MILES @</b>		<b>CENTS PER MILE</b>				
<b>COMMON CARRIER, TAXI/LIMOUSINE</b> (EXPLAIN IN SECTION ON REVERSE SIDE) ATTACH PASSENGER COPY OF AIRLINE TICKET									
<b>MISCELLANEOUS EXPENSES</b> (EXPLAIN IN SECTION ON REVERSE SIDE)									
							<b>TOTAL COST</b>		
<b>PREPAID EXPENSES</b> (EXPLAIN IN SECTION ON REVERSE SIDE)									
							<b>NET COST</b>		

I do solemnly swear, under criminal penalty of a felony for false statements subject to punishment by no 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 file for reimbursement from any other source, for said expenses.

APPROVED: \_\_\_\_\_ SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

**AUTOMOBILE MILEAGE RECORD**

**GEORGIA LICENSE NO. OF CAR** \_\_\_\_\_ **PERIOD ENDING** \_\_\_\_\_

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	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					
<b>TOTALS</b>							

Transfer total State use miles to travel expenses section (front side) for computation of amount at the prescribed State Mileage rate

PURPOSE OF TRIP: (Attach prior approval form if applicable.)	PREPAID EXPENSES - PAID BY GSU: (Explain, attach receipts)	AMOUNT
If traveling under standing authorization please check [ ]	<b>TOTAL AMOUNT</b> (Enter in appropriate line of above expense section)	

DAY	COMMON CARRIER, TAXI/LIMOUSINE (Explain, attach receipts for common carrier)	AMOUNT	DAY	MISCELLANEOUS (Explain, attach receipts except for telephone and telegraph)	AMOUNT
<b>TOTAL AMOUNT</b> (Enter in appropriate lines of above expense section)			<b>TOTAL AMOUNT</b> (Enter in appropriate lines of above expense section)		