



The University of Georgia

University System of Georgia
Travel Expense Statement

Title Code _____

Name Doe Last John First 123-45-6789 Social Security Number _____ Title _____

Headquarters EPIT Institution UGA

Residence 1 Nowhere Rd; Athens, GA; 3060# # Month Year # Month Year
Date From To

Day	Time		Location/Points Visited	Details of Subsistence (Meal/Lodging/Transport)				TOTAL	ACCT DEPT USE ONLY
	Departed	Arrived		Breakfast	Lunch	Dinner	Lodging		
			Write each item out individually					\$0.00	
			(Meals and hotel only)					\$0.00	
								\$0.00	
								\$0.00	
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								\$0.00	
								\$0.00	
								\$0.00	
TOTALS				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Explain any unusual amounts for subsistence:									
State use Mileage prior to September 10, 2005 _____ Miles @ \$0.20 Per Mile (Must be supported by automobile mileage record on reverse side)									
State use Mileage on or after September 10, 2005 _____ Miles @ \$0.487 Per Mile * (Must be supported by automobile mileage record on reverse side)									
* Note: This rate is subject to change based on modification to the per-mile rate established by the United States General Services Administration (GSA)									
Common Carrier, Taxi, Airport Shuttle (Explain in section on reverse side)									
Total Travel Expenses									
Miscellaneous Expenses (Explain in section on reverse side)									
Grand Total									

I do not intend to claim a tax credit for this statement subject to penalties by law if not more than \$1,000 or by implication for not less than one year more than two years. I will be deemed to have incurred the described expenses and the state mileage is the charge of my official duties for the state.

Approved _____ Signed _____ Date _____

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 DO NOT enter commas		Miles Traveled		
		Starting	Ending	Miles Daily	Personal Use	State Use
	From: <u>Only needed if driving to conference</u> Points Visited:			0.0		0.0
	From: _____ To: _____ Points Visited:			0.0		0.0
	From: _____ To: _____ Points Visited:			0.0		0.0
	From: _____ To: _____ Points Visited:			0.0		0.0
	From: _____ To: _____ Points Visited:			0.0		0.0
	From: _____ To: _____ Points Visited:			0.0		0.0
Total Miles Traveled				0.0	0.0	0.0

As of September 10, 2005, reimbursement for transportation expenses incurred by use of personally owned vehicles will be at the rate per mile as established by the United States General Services Administration (USA) for federal employees. For miles traveled on state business prior to September 10, 2005, the rate of reimbursement is \$0.28 per mile; for miles traveled on state business on or after September 10, 2005, the rate of reimbursement is \$0.485 per mile.

Please transfer the correct total of miles to the appropriate location on the (front side) for computation of amount at the prescribed State mileage rate.

Purpose of Trip: (Attach prior approval form if applicable.)

To attend and present at AERA

If traveling under a standing authorization please check

Day	Common Carrier, Taxi, Airport Shuttle (Explain, attach receipts for common carrier)	Amount	Day	Miscellaneous (Explain, attach receipts for common carrier)	Amount
	Taxi/Airport shuttle			Conference registration	
Total Amount (Enter in appropriate line of above expense section)		\$0.00	Total Amount (Enter in appropriate line of above expense section)		\$0.00