

**BOARD OF EDUCATION
COUNTY OF TUCKER
TRAVEL EXPENSE ACCOUNT**

Employee _____

Rates:

\$15.00 per day for meals (Trips requiring overnight stay only)

Position _____

57.5¢ per mile

(Effective 1/1/2020)

Official Headquarters _____

PURPOSE: _____

*FROM is the Official Headquarters As Assigned by Board Action

DATE	FROM	TO	MILES TRAVELED	@ 57.5¢ PER MILE	MOTEL	MEALS	OTHER EXPENSE	TOTAL
				-				-
				-				-
				-				-
				-				-
				-				-
				-				-
				-				-
				-				-
				-				-
				-				-
				-				-
	TOTAL		-	-	-	-	-	\$ -

*Explanation of Other Expenses: _____

I certify that the costs incurred were in connection with my assigned duties, are true and accurate and do not involve any costs or expenses or paid by anyone else or reimbursed purpose named from any other source and are for the purposer on the back of this form.

I certify that I have personally examined this statement. The items of expense herein agree with reports of work performed, and the amounts charged are not excessive. The mode of transportation was necessary and the most direct and practical route used.

Employee Signature Date

Supervisor Signature

TAKEN, SUBSCRIBED AND SWORN TO BEFORE ME

My commission expires _____, 20 ____

Superintendent

Notary Public