

Laurens County Board of Education - 2022 Employee Expense Statement

Name: _____ SSN: _____ Headquarters: _____

Address: _____ Check one: Prof. Dev. Reimb. Regular Travel Federal Programs

Name of Conference/Workshop: _____ Location of Conference/Workshop: _____

Have you attached registration and/or hotel receipts? yes no Have you attached conference agenda? yes no

Mileage				Meal Per Diem				<i>Meal per diem for days of departure/return = \$37.50</i>	
Date	Departing From:		Odometer Reading	Total Local Miles Used	\$13.00	\$14.00	\$23.00	\$50.00	Total Cost
	Arriving At:				Breakfast	Lunch	Dinner	Total Meals	
		Begin:						=	
		End:						=	
		Begin:						=	
		End:						=	
		Begin:						=	
		End:						=	
		Begin:						=	
		End:						=	
See Travel Guidelines for meal reimbursement rates on days of departure and days of return for overnight travel.			Total Miles:		Lodging Cost (Receipt Required)				
			Mileage Rate:	0.585	Registration Fee (Receipt Required)				
			Mileage Cost:		-----> Mileage Cost				
			Parking Fees or Other Expense (Receipt Required)						
			Subtotal						
			<i>Less Travel Advance (if applicable)</i>						
			TOTAL AMOUNT TO BE REIMBURSED						

I do solemnly swear, under penalty provided by law, that the above statements are accurate and I have incurred the described expenses and the local use mileage in the discharge of my official duties for the Laurens County School System.

Signatures:
 Employee _____ Date _____
 Principal _____ Date _____
 Finance Dir. _____ Date _____

LCBOE Program Dir. _____ Date _____
 Superintendent _____ Date _____

Funding Code: _____ - 0 - _____ - _____ - _____ - 0 - 000