

Laurens County Board of Education - 2023 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: Arriving At:	Begin: End:	Odometer Reading	Total Local Miles Used	\$13.00 Breakfast	\$14.00 Lunch	\$23.00 Dinner	\$50.00 Total Meals	
		Begin: End:						=	
		Begin: End:						=	
		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:	0.625	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