

Middle Georgia State University Travel Reimbursement Form

NAME _____ **SSN (Last 4 digits)** _____ **TITLE** _____

RESIDENCE _____ **DATE FROM:** _____ **TO:** _____

DAY	TIME		Location/Points Visited	DETAILS OF SUBSISTENCE (Attach Lodging Receipt)				TOTAL
	Departed	Arrived		B'fast	Lunch	Dinner	Lodging	
TOTALS								
Explain any unusual amounts for subsistence:								
STATE USE MILEAGE:				MILES x \$0.58 =				
COMMON CARRIER, TAXI/LIMOUSINE (Explain on page 2)								
						TOTAL TRAVEL EXPENSE		
MISCELLANEOUS EXPENSES (Explain on page 2)								
						GRAND TOTAL		

I do solemnly swear, under criminal penalty of a felony for false statements subject to punishment by not 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.

APPROVED _____ **SIGNED** _____ **DATE** _____

Middle Georgia State University 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)		MILES TRAVELED		
			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: _____				
TOTAL MILES TRAVELED					

TRANSFER TOTAL STATE USE MILES TO TRAVEL EXPENSE SECTION (FRONT SIDE) FOR COMPUTATION OF AMOUNT AT THE PRESCRIBED STATE MILEAGE RATE.

Purpose of Trip:

(attach prior approval form if applicable)

If traveling under a standing authorization, please check

DAY	COMMON CARRIER, TAXI/LIMOUSINE (Explain, attach receipts for common carrier)	AMOUNT	DAY	MISCELLANEOUS (Explain, attach receipts except for tele. and telg.)	AMOUNT
Total Amount			Total Amount		