



The University of Georgia

University System of Georgia Travel Expense Statement

Title Code _____

Name _____ Last _____ First _____ Middle Initial _____ Social Security Number _____ Title _____

Headquarters _____ Institution _____

Residence _____ Date From _____ To _____

Day	Time		Location/Points Visited	Details of Subsistence <small>(Attach Lodging Receipt)</small>				TOTAL	ACCT DEPT USE ONLY
	Departed	Arrived		Breakfast	Lunch	Dinner	Lodging		
TOTALS									
Explain any unusual amounts for subsistence:									
State use Mileage prior to September 10, 2005 _____ Miles @ _____ Per Mile (Must be supported by automobile mileage record on reverse side)									
State use Mileage between September 10, 2005 and December 31, 2005 _____ Miles @ _____ Per Mile (Must be supported by automobile mileage record on reverse side)									
State use Mileage on or after January 1, 2006 _____ Miles @ _____ Per Mile (Must be supported by automobile mileage record on reverse side)									
If State vehicle is available* _____ Miles @ _____ Per Mile (Must be supported by automobile mileage record on reverse side) * This rate should only be used if, in your judgment, use of a personal vehicle was not the most advantageous form of travel.									
Common Carrier, Taxi, Airport Shuttle (Explain in section on reverse side)									
Total Travel Expense									
Miscellaneous Expenses (Explain in section on reverse side)									
Grand Total									

I do solemnly swear, under criminal penalty of a felony for false statements subject to punishment by fine of not more than \$1,000 or by imprisonment for not less than one nor more than five years, that the above statements are true and I have incurred the described expenses and the state mileage in the discharge of my official duties for the state. Furthermore, if I have elected the personal reimbursement rate, I have determined, based on my judgment, the personal vehicle was the most advantageous form of travel.

Approved _____ Signed _____ Date _____

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)	Odometer Reading DO NOT enter commas		Miles Traveled		
		Starting	Ending	Miles Daily	Personal Use	State Use
	From: _____ To: _____ Points Visited: _____					
	From: _____ To: _____ Points Visited: _____					
	From: _____ To: _____ Points Visited: _____					
	From: _____ To: _____ Points Visited: _____					
	From: _____ To: _____ Points Visited: _____					
	From: _____ To: _____ Points Visited: _____					
Total Miles Travelled						

Please transfer the correct total of miles to the appropriate location on the first page of form for computation at the correct reimbursement rate.
For additional information: <http://www.audits.state.ga.us/internet/STR.html>

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

If traveling under a standing authorization please check

Day	Common Carrier, Taxi, Airport Shuttle <small>(Explain, attach receipts for common carrier)</small>	Amount	Day	Miscellaneous <small>(Explain, attach receipts for common carrier)</small>	Amount
Total Amount <small>(Enter in appropriate line of above expense section)</small>			Total Amount <small>(Enter in appropriate line of above expense section)</small>		