

# UGA Travel Expense Statement

<b>Department Name:</b>		Employee ID:	Personal Start Date:	Personal End Date:
Name:		Title:	Business Start Date:	Business End Date:
Campus Address:			City:	State:
Home Address:			City:	State:
Office Phone:	Email:		Vendor ID:	

**UGA Funding Source:**

Fund:	Speedtype:	Program:	Class:	Project:	Dept:
Fund:	Speedtype:	Program:	Class:	Project:	Dept:
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**Meals - 641130**

Meals Code Descriptions: **NE-Not Eligible:** Meals not occurring within eligible depart and return times or meals included in registration fees.  
 Select a code in the dropdown box located to the left of each meal.  
**Reg- In State Regular:** B/LD: 6.00 / 7.00 / 15.00  
**HSH- In State High Cost:** B/L/D 7.00 / 9.00 / 20.00  
**OS- Out of State:** Enter daily per diem rate:  
 Please note that \$5.00 for incidentals is not allowed and will be deducted from daily totals if claimed.  
*If you have an unusual meal expense, use the miscellaneous expenses section on the next page.*

Date	Depart Time	Return Time	Breakfast			Lunch			Dinner			Total
			Code	Location	Amt	Code	Location	Amt	Code	Location	Amt	
<b>Total</b>												

**Lodging-641140**

From	To	Location	Daily Rate	# Days	Total
<b>Total</b>					

**Location Points Visited**

From	To	Description

**Registration Fee -727121**

Description	Amount

**Total Expenses**

641110 Total Transportation	
641120 Total Airlines	
641130 Total Meals	
641140 Total Lodging	
641150 Total Misc	

641160 Total Reimb Rent Car	
641170 Total Parking	
641510 Total Mileage	
727121 Total Reimb Registration	
<b>Total Reimbursable Expenses</b>	

EmplID#          Employee:

Personal Start Date:	Personal End Date:
Business Start Date:	Business End Date:

**Personal Vehicle Mileage-641510**

I certify that use of a personal vehicle was more advantageous than a commercial rental.							Yes	No
Select type of personal vehicle:		Automobile	Motorcycle	Airplane	I have an assigned state car on a permanent basis			
Date	Origin	Points Visited	Destination	Begin Miles	End Miles	Comm. Miles	Personal Miles	State Use Miles
If you shared transportation enter, Person(s) traveled with:							<b>Total State Use Miles</b>	
							<b>Total</b>	

**Airlines-641120**

Begin Date	End Date	Type of Transportation	Origin	Destination	Amount
<b>Total</b>					

**Transportation-641110 (gasoline, public trans, taxi, train, tolls)**

Date	Description	Amount
<b>Total</b>		

**Parking-641170**

Date	Description	Amount
<b>Total</b>		

**Rental Vehicle-641160 (paid by employee)**

Date	Description	Amount
<b>Total</b>		

**Miscellaneous Expenses-641150**

Date	Description	Amount
<b>Total</b>		

**Explain any expenses that are unusual or exceed established limits:**

"I do solemnly affirm under criminal penalty of a felony for false statements subject to punishments 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 mileage usage in the discharge of my official duties. I have not been reimbursed and have not nor will I file for reimbursement from any other source, for said expenses."

<b>Traveler's Signature:</b>	<b>Printed Name:</b>	<b>Date:</b>
Supervisory Approval Authorizing Travel and Campus Absence	Budgetary Approval for Expenditures	SPA Approval (Foreign Travel Only)
Name:	Name:	Name:
Title:	Title:	Title:
Signature:	Signature:	Signature:
Date:	Date:	Date: