

## Laurens County Board of Education - 2024 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	
	Arriving At:			Breakfast	Lunch	Dinner	Total Meals	Total Cost
		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:	0.67	Registration Fee (Receipt Required)			
			<b>Mileage Cost:</b>		-----> Mileage Cost			
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.				Parking Fees or Other Expense (Receipt Required)				
				<b>Subtotal</b>				
				<i>Less Travel Advance (if applicable)</i>				
				<b>TOTAL AMOUNT TO BE REIMBURSED</b>				

Signatures:

Employee \_\_\_\_\_ Date \_\_\_\_\_

Principal \_\_\_\_\_ Date \_\_\_\_\_

Finance Dir. \_\_\_\_\_ Date \_\_\_\_\_

LCBOE Program Dir. \_\_\_\_\_ Date \_\_\_\_\_

Superintendent \_\_\_\_\_ Date \_\_\_\_\_

Funding Code: \_\_\_\_\_ - 0 - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - 0 - 000