DADE COUNTY BOARD OF EDUCATION -- EMPLOYEE EXPENSE STATEMENT

Name _____ Social Security No. _____ Headquarters _____ Month Ending _____

Place of Residence _____ (Street) _____ (City) , _____ (State) _____ (Zip Code) Auto License No. _____

Date	Transportation						Subsistence						Other	
	Time Departed / Arrived	From, To	Odometer Ending / Beginning	Number Use Miles	Rate Per Mile	Total Trans-portation	Breakfast	Lunch	Dinner	Total Meals	Lodging (attach receipt)	Total Subsis-tence	Honor-ariums Amount	Other (specify on back)
					0.700									
					0.700									
					0.700									
					0.700									
					0.700									
					0.700									
					0.700									
					0.700									
					0.700									
					0.700									
					0.700									
					0.700									
			Total Miles		Total Trans.						Total Subsistence		Total Other	

I do solemnly swear, under penalty by law, that the above statements are true and I have incurred the described expenses and the Local Use mileage in the discharge of my official duties for the Local School System.

_____ Employee's Signature _____ Date

_____ APPROVED _____ Date

ACCOUNT CODING: _____

Grand Total