EVANS COUNTY BOARD OF EDUCATION - EMPLOYEE EXPENSE STATEMENT

TRAVEL EXPENSE STATEMENT EFFECTIVE JANUARY 1, 2024

	Name of Employee Martin G. Waters ONLY THE GRAY AREAS MUST BE FILLED IN.								
Sinto	Physical Home Address, City and State				Nevils-Denmark Road, Nevils, GA 31321			TEED IIV.	
Per	How far do you commute to work each day (one	way not rou	nd trip)?	13	What is your Work Location?		80€		
	THE AGENDA FROM YOUR MIGCONFERENCE MUST BE ATTACHED. WHAT MEETINGCONFER ATTEND?					FDRESA	ВОС		
Inp Info	What city and state was your conference held?		Darien, GA	Did you drive?		YES	If you did not drive, who did?		
ILI	What date did you depart on your trip?			What day di	id you return fr	om your trip?	2/21/2	024	
	Did you depart from your home or work location?		HEADQUARTERS	Did you return to your home		or work location?			
	PLEASE NOTE THAT YOUR COMMUTE M	ROM YOUR TO OMMUTING	WORK HEADQUARTERS OM YOUR TOTAL MILEAGE. THE STATE OF GA DOES NOT REIMBURSE MMUTING MILES.						
0	What was your Odometer Reading on y vehicle when you first departed on you	our trip?	43600	What was your Odometer Res vehicle when you returned fro			43740		
IMmeage Horma	In detail, type your "depart from" and "return to" locations including points visited on trip. (for ex., Home to GDOE in Atlanta back to BOE)	Office to		00 CA Devillars Rd, Darien, 1305		Did you drive an automobile or motorcycle?	AUTOMOBILE = \$.67/MILE		
	Was this an overnight trip?	NO	If yes, did you anyor		NO	Old you pay the	e lodging fee?	NO	
	Note: Most overnight trips must exceed	1 50 miles fr	rom your home or w	ork headqtrs A	ND must require	you to be away long	er than 12 hrs in 1	day.	
	If you did not stay overnight, then did your travel time plus meeting/conference require you to be away for more than 12 hours in one day? If you answer yes, please make sure that you complete the meal section below.								
CUELLIO	Do you have a copy of your lodging receipt to attach to your printed expense statement?		Who did you room with at the	T T T T T T T T T T T T T T T T T T T		Please indicate how	many nights you		
ni Buigoo	Where did you lodge (please specify hotel name and city/state)?			Did you book your lodging throwebsite, such as Priceline, Tra- Expedia,?					
	reimb this tax to you.) If you paid your own registration or miscellaneous fee (such as bus fuel), I NOTE: You must attach to the exp stmt. the miscellaneous receipt, registration rec								
	Please select travel status from dropdown list in gray box on the right.				Day I		Travel Day		
	Please select travel status from dropdown list in gray box on the right					Day 2			
	Please select travel status from dropdown list in gray box on the right.					Day 3			
VIIST	Please select travel status from dropdown list in gray box on the right					Duy 4			
2	Please select travel status from dropdown lis	list in gray box on the right.				Day 5			
	PARKING FEES OR TOLLS: If you paid parking, please input the ami spent below & attach a detailed (ceeipt to the exp stinit. (No receipt means no reimbursement). Fill in the space below.	MEALS: Please indicate in the section below which meals were provided AND were not provided by the conferement select PROV BY HOTEL/COMF or NOT PROV BY HOTEL/COMF or ALL meals on ALL days of travel. State travel to shoose either PROV BY or NOT PROV BY on ALL meals. Meal per diem will be paid at the rate of \$31.0.00 for for Lunch, and \$23.00 for Dinner with the exception of travel days. Meal per diem will be paid at the rate of \$9. \$10.50 for Lunch, and \$17.25 for Dinner on travel days. Meal receipts are NOT required. Also, non-overnight tribrish duration, are not reimbursed for meals.						gs require you kfast, \$14.00	
		DATE	NOT PROV BY	AMOUNT	PROV BY	AMOUNT	DINNER	AMOUNT	
The second	Employee Signature and Date above*	DAY 1	CONF/HOTEL	\$9.75	CONF/HOTE		PROV BY CONF/HOTEL		
,	(Must print & sign on a hard copy: Please * below.)	DAY 2							
Meals and Employe Signature	You must submit within 45 days of travel to be reimbursed.	DAY 3							
	* By signing the employee does solemnly swear that this expense statement is true and the described expenses were incurred in the	DAY 4							
	discharge of official duties for the Evans Co.	DAY 5							
ļ	School System.	TOTAL		\$9.75		\$0.00		\$0.00	
I	TOTAL MILEAGE REIMBURSEMENT	TOTAL LODGING FEES		TOTAL MEAL PER DIEM		TOTAL REGIS O	R MISC FEES	TOTAL	
l	\$93.80	\$0.00		\$0.00		\$0.00		\$93.80	
בופיים ולוליים חוות ביחים: פווים:	ACCOUNT NO. ASSIGNED BY PRINCIPAL O	100-5-9990 - 2300-586-800							
	Principal's Approving Signature & Date	Program	Dir Sign & Date	Financ Direct	2/29/29 or Sign & Date	Superinte	endent's Appr	oval /2	

