

CLAYTON COUNTY BOARD OF EDUCATION EMPLOYEE EXPENSE STATEMENT

NAME Henry Lewis

xxx-xx-2323

Jonesboro

Social Security # (ONLY)

Headquarters/School

RESIDENCE 123 Lee Street Forest Park GA 30297
Street City State Zip

					580	02
Fund	QBE Prog	Func	Dept	Site	Obj	SubObj

TRANSPORTATION (Mileage Rate \$0.575 effective Jan. 1, 2015)									MEALS AND LODGING				OTHER EXPENSE			
Dates Itemize	Time Departed Arrived	All normal commuting miles should be deducted from mileage unless trip begins from business location	Odometer Beginning & Ending	Local Use Miles	Total Daily Mileage	Amount AIRFARE (Attach Receipt)	TAXI, BUS (Attach Receipt)	Total Transp.	Break- fast	Lunch	Dinner	Total Meals	Attach LODGING Receipt Itemize	Identify Expenses		Total Other Expense
														Ex: toll parking regist.	(Attach Receipt) Amount	
03/15/15	6:00am	123 Lee Street	52,369	219	125.93	250.00		250.00	7.00	9.00	20.00	36.00	89.00			0.00
	8:00am	1515 Hyatt Regency, Savannah	52,588													
03/17/15	From:			0	0.00		25.00	25.00	7.00	9.00	20.00	36.00	89.00			0.00
	To:															
03/18/15	3:30pm	1515 Hyatt Regency, Savannah	52,595	219	125.93			0.00	7.00	9.00		16.00				0.00
	5:30pm	123 Lee Street	52,814													
	From:			0	0.00			0.00				0.00				0.00
	To:			0	0.00			0.00				0.00				0.00
	From:			0	0.00			0.00				0.00				0.00
	To:			0	0.00			0.00				0.00				0.00
	From:			0	0.00			0.00				0.00				0.00
	To:			0	0.00			0.00				0.00				0.00
	From:			0	0.00			0.00				0.00				0.00
	To:			0	0.00			0.00				0.00				0.00
	From:			0	0.00			0.00				0.00				0.00
	To:			0	0.00			0.00				0.00				0.00
	From:			0	0.00			0.00				0.00				0.00
	To:			0	0.00			0.00				0.00				0.00
Total Miles				438	251.85	Total Common Carrier		275.00				88.00	178.00			0.00

TOTAL TRANSPORTATION \$	526.85	TOTAL		266.00	TOTAL	
		MEALS & LODGING \$			OTHER \$	0.00

I do solemnly swear, under penalty provide by law, that the above statements are true and I have paid for and incurred the described expenses and the local use mileage in the discharge of my official duties for the Clayton County School System.	TOTAL REIMBURSEMENT \$	792.85	
	CASH ADVANCE AMOUNT \$	196.50	CHECK #
	TOTAL DUE TO EMPLOYEE \$	596.35	TOTAL DUE CCPS \$

EMPLOYEE SIGNATURE	Date	PRINCIPAL'S APPROVAL	Print Name	Signature	Date
FUNDING ADMIN. APPROVED BY		SUPERVISOR'S APPROVAL			
Print Name	Signature	Print Name	Signature	Signature	Date