Institute of Continuing Judicial Education of Georgia University of Georgia, 1150 South Milledge Avenue, Athens, GA 30602-5025 Travel Expense Statement

Name		Soci	al Security	No		Pho	one	
Court Ti	tle					State Em	ployee? Yes	No
Seminar	Title				Da	te From	То	
Address/	Mail Reimbursei	ment to:						
							Zip	
	Time:		Amount Detail of Subsistence					
Date	<u>Departed</u> Arrived	Location Departure From/Arrival To	(Atta B'fast		l Lodging R		Total	For ICJE Only
	Affiveu		Biast	Lunch	Dinner	Lodging		
		TOTALS						
Explain	any unusual amo	ounts for subsistence:			<u> </u>		*/*/*/*/*/	
							XXXXX	
State Us	e Mileage	Miles @	Cents Per	Mile				
		bile mileage record on reverse side)						
Commo	n Carrier, Taxi/L	imousine, Airline (Explain in section on reverse side)						
				TOTAL	TRAVEL	EXPENSE		
Miscella	neous Expenses (Explain in section on reverse side)		(Tota	l from above li	sted expenses)		
	1 (,						
					GRANI) TOTAL		
I do solen	nnly swear under cri	iminal penalty of a felony for false statements subject to punishmer	it by fine of n	ot more than			ot less than one no	r more than five
- 20 301011		above statements are true and I have incurred the described expens						1170
ICIE AP	PROVAL.	ATTENDE	E					
ICJE APPROVAL ATTENDEE SIGNATURE: SIGNATURE:					DATE			

AUTOMOBILE MILEAGE RECORD

License Plate of Vehicle Driven	Period Ending
License Plate of Vehicle Driven	Period Ending

Prepare daily, using a separate block for each day's State use travel and for each departure from headquarters.

	D 11 T 1	Odomete	r Reading	Miles Traveled		
Date	Daily Travel (Points Visited)	Starting	Ending	Miles Daily	Personal Use	State Use
	From:					
	To:					
	From:					
	To:					
	From:					
	То:					
	From:					
	То:					
	From:					
	То:					
	From:					
	To:					
		TOTAL M	ILES TRAVELED			
	Transfer total State use miles to travel expense	e section (front side) for comp	outation of amount at the pre	scribed State mileage	e rate.	
urpose (of Trip: (Attach prior approval form if applicable)					
traveling	under a standing authorization please check					

Date	Common Carrier, Taxi/Limousine, Airline (Explain, attach original receipts for common carrier)	Amount	Date	Miscellaneous Expenses (Explain, attach original receipts, except for telephone) (This includes parking)	Amount
(TOTAL AMOUNT (Enter in appropriate line of above expense section)		(TOTAL AMOUNT (Enter in appropriate line of above expense section)	