# PROSECUTING ATTORNEYS' COUNCIL OF GEORGIA

104 Marietta Street, Suite 400, Atlanta, Georgia 30303 (404) 969-4001 (404) 969-0017

## STATE TRAVEL REIMBURSEMENT

NAME: _____

TITLE: _____

STATE PAID: _____ NON-STATE PAID _____ (Check One)

SOCIAL SECURITY NO: _____

OFFICE TELEPHONE NO: _____

CIRCUIT: _____

OFFICE ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Complete this portion only if reimbursement is to be sent to someone other than employee:

ASSIGNMENT: I HEREBY ASSIGN PAYMENT TO:

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

**List the name(s) of everyone who is entitled to reimbursement from PAC and with whom you shared a room:** _____

PURPOSE: **2009 Summer Conference** FOR PERIOD FROM: **7/26/2009** TO: **7/29/2009**

*All reimbursements are subject to State Law and current Council Travel and Training Regulations. A receipt or other similar documentation must be attached for lodging expenses submitted for reimbursement. See O.C.G.A. §45-7-29*

| DATE | DEPARTURE | | ARRIVAL | | SUBSISTENCE | | | | TOTALS | PAC USE ONLY |
|---|---|---|---|---|---|---|---|---|---|---|
| | TIME | LOCATION | TIME | LOCATION | B'FAST | LUNCH | DINNER | LODGING | | APPROVED |
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| | | | | **TOTAL:** | | | | | | |
| 1 | **MILEAGE** | | **MILES AT** | **0.550** | **per mile: (must be supported by mileage record on reverse side)** | | | | | |
| 2 | **GASOLINE; Oil: (Explain on reverse side)** | | | | | | | | | |
| 3 | **OTHER EXPENDITURES: (Explain on reverse side and attach receipts)** | | | | | | | | | |
| | | | | | | | | **TOTAL EXPENDED:** | | |

***CERTIFICATION:*** *I certify under criminal penalty for making a false statement in violation of O.C.G.A. §16-10-20, that the above statements are true and and I have incurred the above expenses and authorized use of mileage in the discharge of my official duties.*

SIGNATURE: _____ DATE: _____

ELECTED'S SIGNATURE: _____ DATE: _____

**Accounting Use Only**

| VENDOR ID | TERMS | ORGANIZATION NO. | PAYMENT APPROVED | VOUCHER ID |
|---|---|---|---|---|
| | | | | |

| ACCOUNT | AMOUNT | DESCRIPTION |
|---|---|---|
| 64001 | | TRAVEL-MILEAGE |
| 64002 | | TRAVEL-MEALS |
| 64003 | | TRAVEL-LODGING |
| 64004 | | TRAVEL-OTHER |
| | | |
| | | |
| TOTAL | | |

**Please complete the applicable section(s). Sections 1 & 2 are for state-paid personnel & faculty.**

**1 PERSONAL VEHICLE - MILEAGE** **Vehicle: Year** **Make** **Model**

| DATE | ORIGIN | DESTINATION | STARTING MILEAGE | ENDING MILEAGE | TOTAL MILEAGE | PERSONAL MILEAGE | STATE USE MILEAGE |
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| | | | | TOTALS | | | |

NOTE: TOTAL MILEAGE MINUS PERSONAL MILEAGE MUST EQUAL STATE USE MILEAGE

**2 COUNTY OWNED VEHICLE - MILEAGE** **Vehicle: Year** **Make** **Model**

| DATE | ORIGIN | DESTINATION | STARTING MILEAGE | ENDING MILEAGE | TOTAL MILEAGE | PERSONAL MILEAGE | STATE USE MILEAGE |
|---|---|---|---|---|---|---|---|
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| | | | | TOTALS | | | |

NOTE: TOTAL MILEAGE MINUS PERSONAL MILEAGE MUST EQUAL STATE USE MILEAGE

**3 STATE OWNED VEHICLE - MILEAGE Vehicle: Year** _____ **Make** _____ **Model** _____ **ID NO.** _____
**(ATTACH RECEIPTS FOR GAS AND OIL)**

| DATE | ORIGIN | DESTINATION | VENDOR NAME | AMOUNT OF PURCHASE | TOTAL MILEAGE | PERSONAL MILEAGE | STATE USE MILEAGE |
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| | | | TOTAL GAS AND OIL | | | | |

**4 OTHER EXPENDITURES (ATTACH RECEIPTS)**

| DATE | TIRES, REPAIRS AND MAINTENANCE, PARKING, TAXI, TOLLS, TUITION, AIRFARE & OTHER EXPENDITURES (PLEASE EXPLAIN) | AMOUNT |
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| | TOTAL AMOUNT (List on other side) | |