BRANTLEY COUNTY BOARD OF EDUCATION
EMPLOYEE EXPENSE STATEMENT

S.D.E FORM 3230-97

Name: _____ **Social Security Number:** _____ **Headquarters:** _____ **Month Ending:** _____

Place of Residence _____ **Auto License No:** _____
(Street) (City) (State) (Zip)

Date	Time Departed Arrived	From, To	Odometer Reading End Begin	Number Local Use Miles	Amount Common Carrier	Taxi Limo Etc.	Total Trans	Breakfast	Lunch	Dinner	Total Meals	Lodging (Attach Receipt)	Total Subsistence	Memo (Identify Other Expense)	Other Expense (Amount)
			Total Miles		**Total Transportation**			**Total Subsistence**						**Total Other**	

Purpose/Reason for Travel

Total Amount to be Reimbursed $ -

Approved by _____ Date _____

Approved by _____ Date _____

I do solemnly swear, under penalty provided 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 _____