5							Hall Coun avel Expen	-							
- -	Character. Co	mpetency.	. Rigor for All.			110		se statei	nent						
Name (Last			(First)		Street Addre	ess					Date Received in Accounting (Karen Acrey)				
		-													
Employee II	D Number														
Primary Wo	ork Location				City							4			
Position					State	ZIP Code License Plate						4			
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Date of		o can ching i	Point, Destina	ation			Beg. Odom.	Mileage	Fares					Other	Total
Travel	Arrival Time	(List All S	tops)		Purpose of 1	ſrip	End. Odom.	(Personal)	(Air, Taxi, Etc.)	Lodging	Breakfast	Lunch	Dinner	Expenses	Expenses
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CLAIMANT S	STATEMENT: I d	lo solemnly	y swear, unde	er penalty pro	vided by law,	this accoun	nt of travel								
	accurate and co										Dav Mil	-	Total		<u></u>
	e actual, reasor								Miles at	Ş	Per Mil	e =	Mileag		
duties for Hall County Schools and the State of Georgia. No portion of this claim wa charge, previously paid from any other source, or will be paid from any other source						•		Per Diem	Breakfast	Lunch	Dinner				
								In-State				Total This	Page		
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Claimant's S	laimant's Signature					Date		Out State	Cor	itact Karen Acr	еу				
Supervisor A	Supervisor Approval					Date	ate Finance Officer Approval				Date				

6			Hall Coun	nty Schools									
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	Character. Co	mpetency. Rigor for All.											
Name (Last)					Employe	Employee ID Number			Page #			2	
Date of	Depart Time	Starting Point, Destination		Beg. Odom.	Mileage	Fares					Other	Total	
Travel	Arrival Time	(List All Stops)	Purpose of Trip	End. Odom.	(Personal)	(Air, Taxi, Etc.)	Lodging	Breakfast	Lunch	Dinner	Expenses	Expenses	
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Name (Last)					Employe	Employee ID Number			Page #			3
Date of	Depart Time	Starting Point, Destination		Beg. Odom.	Mileage	Fares					Other	Total
Travel	Arrival Time	(List All Stops)	Purpose of Trip	End. Odom.	(Personal)	(Air, Taxi, Etc.)	Lodging	Breakfast	Lunch	Dinner	Expenses	Expenses
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Name (Last)		Name (First)			Employe	Employee ID Number			Page #			4
Date of	Depart Time	Starting Point, Destination		Beg. Odom.	Mileage	Fares					Other	Total
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Name (Last)					Employe	Employee ID Number			Page #			6
Date of	Depart Time	Starting Point, Destination		Beg. Odom.	Mileage	Fares					Other	Total
Travel	Arrival Time	(List All Stops)	Purpose of Trip	End. Odom.	(Personal)	(Air, Taxi, Etc.)	Lodging	Breakfast	Lunch	Dinner	Expenses	Expenses
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Name (Last)				Employee ID Number				Page #			7		
Date of	Depart Time	Starting Point, Destination		Beg. Odom.	Mileage	Fares					Other	Total	
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