



**Travel Reimbursement Form - Non-State Paid or Third Party Assignment**

NAME: _____ POSITION: _____ EMAIL: _____ STATE PAID: _____ NON-STATE PAID: _____ (Check One) SOCIAL SECURITY NO: _____ OFFICE TELEPHONE NO: _____ CIRCUIT: _____ OFFICE ADDRESS: _____ _____ REIMBURSEMENT MAILING ADDRESS: _____ _____	Complete this portion only if reimbursement is to be sent to agency other than employee: ASSIGNMENT: I HEREBY ASSIGN PAYMENT TO:  NAME: _____ MAILING ADDRESS: _____ _____ _____ CITY: _____ STATE: _____ ZIP: _____
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List the name(s) of everyone who is entitled to reimbursement from PAC and with whom you shared a room: \_\_\_\_\_

PURPOSE: \_\_\_\_\_

FOR PERIOD FROM: \_\_\_\_\_ TO: \_\_\_\_\_

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
<b>TOTAL:</b>										
1	<b>MILEAGE</b>		<b>MILES AT \$</b>		<b>per mile (MUST RECORD MILEAGE ON SECOND PAGE)</b>					
2	<b>GASOLINE; Oil: (Explain on reverse side)</b>									
3	<b>OTHER EXPENDITURES: (Explain on reverse side and attach receipts)</b>									
<b>TOTAL EXPENDED:</b>										

**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 I have incurred the above described expenses and authorized use of mileage in the discharge of my official duties.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Elected Official's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

