

Expense Report & Request for Reimbursement

Name				Request (Please select one category	□Pre-pay for Expenses		
E-mail			□Reimbursement for Expenses				
Purpose				per request)	Direct Pay to Vendor		
Trip or Activity Dates		Times		Purpose of Tri	or Activity		
Expenses	Dates	Details -	Attach Receipts	1		Amount	
Transportation		Air	Taxi [Rental car	Other	\$	
		Air	Taxi [Rental car	Other	\$	
		Air	Taxi [Rental car	Other	\$	
Personal car		Mileage @ \$0.54 per mile				\$	
Lodging	Lodging Location					\$	
	Location				\$		
Meals	(Not to federal per diem rate)					\$	
	(Not to federal per diem rate)					\$	
		(Not to federal per diem rate)			\$		
(Not to federal per diem rate)					\$		
Conference fees	Purpose		\$				
	Purpose				\$		
Other For Other Items, please describe each item and include receipts for all items							
	Purpose			\$			
	Purpose				\$		
	Purpose			\$			
	Purpose			\$			
	Purpose			\$			
Total Requested for Payment \$							
Make Check Payable to:							
Mailing Address:							
City, State, Zip: Phon					Phone:	none:	
Signature of Requestor:					Date		
Please attach receipts for all listed expenses, sign the form and send to the GACRAO Treasurer: Tammy Gibson, 1 College Street, Young Harris, GA 30582 Office (706)379-5125; Email:tgibson@yhc.edu PLEASE NOTE: Expenses will not be reimbursed without proper documentation and appropriate receipts attached to this request							
For Treasurer use only: Received Date: Paid Date: Check #:							
Expense Category: Executive Committee Program Committee GISEM Mid-Year Workshop Annual Conference Entertainment Hospitality Vendor Local Arrangements Committee Planning Meeting Door Prizes Awards Other:							