## Georgia Retired Educators Association P. O. Box 1379 Flowery Branch, GA 30542

EXPENSE STATEMENT  Name  GREA Position									th Ending		
			Check Mailing Address STREET						CITY AND STATE		
								SUBSISTENCE			OTHER
Date	From -To-Back	Number Use Miles	Travel Miles X .55	Total Amt.	Purpose	Breakfast	Lunch	Dinner	Lodging (attach Receipt)	Total Subsist.	Other Expenses (Specify on Back)
	TOTALS										
Please include itemized receipts for all the above expenditures.									GRAND TOTAL		
submitted the end o	ement requests must be d no later than 30 days after f the month in which the				nat the information furnis cribed expenses and the					ge, and I	
expenses are incurred.			Signature Da					Date			
				FOR O	FFICE USE ONLY:						
			<b>A</b>	1.1					D.		
Account Code:		Approved by:						Date:		_	

Updated 05/10/22