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

EXPENSE STATEMENT

Month Ending _____

Name _____ Check Mailing Address _____ _____ _____

STREET CITY AND STATE ZIP

GREA Position _____

Date	From –To-Back	Number Use Miles	Travel Miles X .65	Total Amt.	Purpose	SUBSISTENCE					OTHER
						Breakfast	Lunch	Dinner	Lodging (attach Receipt)	Total Subsist.	Other Expenses (Specify on Back)
			0.65	0.00						0.00	
			0.65	0.00						0.00	
			0.65	0.00						0.00	
			0.65	0.00						0.00	
			0.65	0.00						0.00	
			0.65	0.00						0.00	
			0.65	0.00						0.00	
			0.65	0.00						0.00	
			0.65	0.00						0.00	
			0.65	0.00						0.00	
			0.65	0.00						0.00	
	TOTALS	0.00		0.00		0.00	0.00	0.00	0.00	0.00	0.00

GRAND TOTAL	0.00

Please include itemized receipts for all the above expenditures.

Reimbursement requests must be submitted no later than 30 days after the end of the month in which the expenses are incurred.

I do solemnly swear that the information furnished above is true and correct to the best of my knowledge, and I have incurred the described expenses and the mileage in the performance of my official duties.

Signature _____ Date _____

FOR OFFICE USE ONLY:

Account Code: _____ Approved by: _____ Date: _____

Updated 04/01/25