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

EXPENSE STATEMENT				Howely Branch, GA 30342					Month Ending			
Name			Check Mailing Address									
GREA Position			STREET						CITY AND STATE		ZIP	
GINLA FOSITION												
Date	From -To-Back	Number Use Miles	Travel Miles X .50	Total Amt.	Purpose	SUBSISTENCE					OTHER Other	
						Breakfast	Lunch	Dinner	Lodging (attach Receipt)	Total Subsist.	Expenses (Specify on Back)	
	TOTALS											
									GRA	GRAND		
									TOTAL			
Please include itemized receipts for all the above expenditures.												
Reimbursement requests must be  I do solemnly swear that the information furnished above is true and correct to the best of my knowledge, and I												
submitted no later than 30 days after  the end of the month in which the  the end of the month in which the												
	f the month in which the are incurred.											
			Signature Dat					Date .				
				FOR O.	FFICE USE ONLY:							
			A 11					D. (				
Account Code:			Approved by:					Date:		_		