



# Expense Report

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Purpose of Expense: \_\_\_\_\_

Charge to: \_\_\_\_\_

Georgia Figure Skating Club  
 Annette Florence, Treasurer  
 5058 Sirron Court  
 Dunwoody, GA 30338

Please Enter the first Day of Travel	1st Day	2nd Day	3rd Day	4th Day	5th Day	6th Day	7th Day	Period Totals
Personal Auto (Mileage Rate: .54)								
Rental/Auto								
Air Fare								
Rail Fare								
Taxi Fare								
Bus Fare								
Parking Fees								
Tolls								
Tips								
Lodging (incl. Tax)								
Breakfast (incl. Tax/Tip)								
Lunch (incl. Tax/Tip)								
Dinner (incl. Tax/Tip)								
Telephone								
Expenses for Others (detail)								
Other Expenses (detail)								
Daily Totals								

Total from Above	
Advance	
Reimbursement Due	
Balance to be returned	

I hereby certify that all the expenses claimed were incurred on official club business

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

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
 Committee Chair

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
 Treasurer