



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: .655)								
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