GGAHU EXPENSE REIMBURSEMENT REQUEST

No payment shall be made without this completed form, attached receipts and written approval by an appropriate GGAHU Executive Board Officer.

Date Sub	mitted by Requestor (MANDATORY) Date:										
Company	yable to:										
	Name (if applicable):										
Mail payment to (street address/city/state):											
Phone:		Email:									
*If you	have a misc. pre-approved expense, please us	a Shuttla/T	avi colum		e indicate ar	nount					
in you have a mise. pie approved expense, piease as		. Shattier rani column.			Enter # of Miles	Mileage @ .58		*MISC. OR Shuttle/		Item in Budget	Charge to
		Lodging	Airfare	Meals	Driven	per mile	Parking	Taxi	Total	(yes or no)	Budget Item
Date of Expense	Event/Item Description (e.g. travel, supplies, etc.)										
									\$ -		
									\$ -		
									\$ -		
									\$ -		
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									\$ -		
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									\$ -		
									\$ -		
									\$ -		
									4		

TOTAL

For faster reimbursement - email this doc w/receipts to:emily@caladmanagement.com

Reimbursement form due to GGAHU no later than 45 days after event date.

Updated: 2/11/20

^{*}Mileage: Attach printout from MapQuest, GoogleMaps, etc.