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 Submitted by Requestor (MANDATORY) Date: _____

Check Payable to:_____

Company Name (if applicable):_____

Mail payment to (street address/city/state): _____

Phone: _____ Email: _____

*If you have a misc. **pre-approved** expense, please use Shuttle/Taxi column.

Please indicate amount

Date of Expense	Event/Item Description (e.g. travel, supplies, etc.)	Lodging	Airfare	Meals	Enter # of Miles Driven	Mileage @ .655 per mile	Parking	*MISC. OR Shuttle/ Taxi	Total	Item in Budget (yes or no)	Charge to Budget Item
	Email completed form w/receipts as ONE PDF attachment to					0.00			$ 0.00		
	tricia@camgmt.com and jwilson@healthequity.com					0.00			$ 0.00		
						0.00			$ 0.00		
						0.00			$ 0.00		
						0.00			$ 0.00		
						0.00			$ 0.00		
						0.00			$ 0.00		
						0.00			$ 0.00		
						0.00			$ 0.00		
						0.00			$ 0.00		
						0.00			$ 0.00		
						0.00			$ 0.00		
						0.00			$ 0.00		
						0.00			$ 0.00		
						0.00			$ 0.00		
						0.00			$ 0.00		
						0.00			$ 0.00		
						0.00			$ 0.00		
TOTAL									$ 0.00		

*Mileage: Attach printout from MapQuest, GoogleMaps, etc.

For faster reimbursement - email this doc w/receipts to: tricia@camgmt.com and jwilson@healthequity.com

Reimbursement form due to GGAHU no later than 30 days after event date.

Updated: 1/10/23