

Georgia Society of Gastroenterology Nurses & Associates 2017 MILEAGE AND EXPENSE REPORT

NAME _____ SGNA Position: _____

MILEAGE			
DATE	DESTINATION	PURPOSE OF TRIP	MILEAGE
Total Mileage is .535 cents per mile			

SGNA MEMBER LODGING AND MEALS						
DATE	MEALS			ROOM	OTHER EXPENSES (DESCRIBE)	OTHER EXPENSES (AMOUNT)
	BREAKFAST	LUNCH	DINNER			
Sub- Total						
Total						

OTHER REIMBURSED EXPENSES (ie...registration, supplies, and gifts)			
DATE	MERCHANT/RETAILER	DESCRIPTION	AMOUNT
TOTAL			

EXPLANATION FOR BUSINESS MEALS, OTHER & ITEMS OVER \$25

Total from mileage: _____

Total from lodging and meals: _____

Total from other expenses: _____

Total from mileage, lodging and meals & other expenses: _____

CERTIFICATION AND APPROVAL

I certify that the travel expenses claimed on this Travel Expense Report are true and accurate and that expenses have been handled in accordance with Georgia SGNA Travel Policy. I understand that all information on this form is subject to verification and receipt of expenditure(s) is attached. Failure to comply with Travel Policy requirements may result in loss of Travel Expense Reimbursement.

Member Signature: _____ **Date:** _____

Treasurer Signature: _____ **Check #:** _____ **Date Issued:** _____