



Submit To: **thomas@saulsB i uecec.qti**

Thomas Sauls, Secretary/Treasurer
 Superior Court Clerks Assoc. of GA
 P.O Box 588
 Blackshear, GA 31516

EXPENSE REPORT

Name _____ Title _____
 Address _____ Soc Sec # _____
 _____ Contact Phone _____
 City _____ State _____ Zip _____ Contact Email _____

Date:	Daily Expenses (Attach Receipts)						Daily Totals Claimed	Acct Dept Use Only
	Breakfast	Lunch	Dinner	Taxi, etc	Parking	Lodging		
Sub Totals:								
Purpose of Expense or Meeting Attended:								
Total Round-Trip Mileage: _____ Miles @ \$0.545 Per Mile (subject to change)								
Airfare, Airport Shuttle (Attach Receipts)								
TOTAL TRAVEL EXPENSE								
Miscellaneous Expense (Attach Receipts)								
GRAND TOTAL								

(An IRS Form 1099 may be reported for any person receiving more than \$600 in undocumented expenses per calendar year. Please retain a copy of this form.)

Signed _____ Date _____

Approved _____ Date _____