



Submit To: becky.crowe@gsecca.org
 Becky Crowe, Secretary/Treasurer
 Superior Court Clerks Assoc. of GA
 310 Jayne Ellen Way
 Alpharetta, GA 30009

EXPENSE REPORT

Name _____ **Title** _____
Address _____ **Soc Sec #** _____
City _____ **State** ____ **Zip** _____ **Contact Phone** _____
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 @ \$0.70 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 _____