

AFG of Georgia. Inc.

Expense Report

Area World Service Officers and Coordinators

Name _____
 Address: _____
 Position: _____

DATE: _____
 Pickup at Assembly: _____
 Mail: _____

Please attach receipts and email to Area Treasurer btafgofga@gmail.com

Date	Description	Hotel	Mileage	Supplies	Misc.	Total
			\$ -			\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Subtotal						\$ -
Total						\$ -

If Mileage reimbursement is based on miles traveled, please enter miles below:

Miles Driven

Signature: _____

For Office Purposes Only:
 Check Number: _____ Date Paid: _____