



GRA Chapter Travel Expense Statement

Name: _____ Authorized by: _____

Office, Position, and/or Committee: _____

Purpose of trip: _____

Lodging			Meals		
Date (s)	Location	Amount	Location	Amount	Total
		\$		\$	

Total lodging and meals _____

AUTOMOBILE MILEAGE RECORD

Date (s)	Origin	Destination	Starting Mileage	Ending Mileage	Total Mileage

Mileage Total _____

Date(s)	Type (air, etc)	Amount
		\$

Total _____

Date (s)	Type (parking registration)	Amount
		\$

Total _____

Total lodging and meals (attach lodging receipts).....\$ _____

Total Mileage _____ x .32/mile\$ _____

Total other modes of travel\$ _____

Total Miscellaneous expenses (attach receipts or canceled checks)\$ _____

Total Expenses\$ _____

Subtract Travel Advance Received (If applicable) - _____

Total Claim for Reimbursement \$ _____

Date _____

Signature _____