



Georgia Rehabilitation Association

GRA Expenditure Authorization Form

Date _____

Payee of Check _____

Amount Authorized \$ _____

Charge to Budget No. _____

Explanation of Expenditure	Special Instructions

Committee Chair Signature

Authorized by: _____
(Must be signed by President)

FOR TREASURER'S USE:

Form returned for additional
information: _____

Date of check: _____

Paid by check number: _____

Charged to Budget line Item: _____