

# Georgia Art Education Association

## Check Request and Expense Report

Submit to: JANE BAARS, GAEA Treasurer  
314 FOX HILLS RD  
DOUGLAS, GA 31535

Pay to (include mailing address:)	NAEA/GAEA Membership #:	XXXXXX
XXXXXX	Amount Requested	XXXXXX
XXXXXX	Date Requested	XXXXXX
XXXXXX	Date Required	XXXXXX

All receipts for reimbursement and all mileage reimbursements must be submitted for payment to the Treasurer in a timely manner, **not to exceed 3 months**. All receipts for the previous fiscal year must be submitted before January 15 of the new fiscal year for reimbursement. Receipts or credit card acknowledgements of expenditures are required.

- Purpose:**
- Conference Chair Advance (Complete Section A)
  - Operation Expense Reimbursement (Complete Section C and attach receipt or original invoice)
  - Travel/Meeting Advance (Complete Section B)
  - Direct Payment (Complete Section C and attach Original Invoice)

Section A - Advance - Advances to payee must be reimbursed by itemized expense report or repayment			
Advance Amount	Advance Outstanding	Total Advance	Signature of Person Receiving Advance

Section B - Expense Reimbursement (Attach Receipts and Supporting Documents)						Expense Claimed
Auto Mileage (Flat Rate) - Non-Conference Board Meetings						\$ _____
Date	From	To	# miles	Rate	Amount	
<small>*Flat rate, round trip:</small> 0-99                                   \$0.00                                   300-399                                   \$30.00 100-199                               \$10.00                                   400-499                                   \$40.00 200-299                               \$20.00                                   500+                                       \$50.00						

Transportation (non-auto) - Board Approved Travel Only				\$ _____
Date	From	To	Amount	

Hotel (Attach Receipted Bills) - Board Approved Travel Only									\$ _____
Meals or Per Diem - (Attach Receipts) - Board approved Travel Only									
	Sun	Mo	Tues	We	Thur	Fri	Sat	Total	\$ _____
Breakfast	_____	_____	_____	_____	_____	_____	_____	_____	
Lunch	_____	_____	_____	_____	_____	_____	_____	_____	
Dinner	_____	_____	_____	_____	_____	_____	_____	_____	

Section C - Operational Expense (Attach Receipts or Invoice)			\$ _____
Date	Description	Amount	

Requester [above the line]	GAEA Position	Date
Approved [above the line]	Date	

Total to Be Reimbursed \$ \_\_\_\_\_  
 Less Exp. Adv. (Section A) - \$ \_\_\_\_\_  
 Amount Due \$ \_\_\_\_\_

For Treasurer's use Only	
Check #	Category#

