

# GUILFORD EDUCATION ASSOCIATION

President – Regina Sullivan

Vice Presidents – Kristie Whitcomb

## *GEA Expense Reimbursement Form*

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Date	Place/Purpose	Mileage @ \$0.585 per mile OR current IRS rates	Meals	Other	Subtotal
<b>TOTAL</b>					

*Official Use Only*

Date: _____	Check No. _____	Acct. _____
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