Council on Volunteer Services

Georgia Health Care

# Board of Management
## Expense Report

**Attach ALL Receipts**

**Name**_____**Date**_____

**Address**_____**City & Zip**_____

**For Period Beginning**_____**Ending**_____

| Item | Reason | Amount |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| **Total** | | **$** |

**Signature**_____**Scanned Copies & Receipts are acceptable.**

**SEND TO:**
**Sue Stephenson**
**114 Lake Eagle Drive**
**Thomasville, GA 31792**

**Mileage Reimbursed at** [redacted] $.60/mile

**Official Use Only**

**Date Received**_____**Date Paid**_____**Check #**_____