



Name: _____

Position: _____

Email: _____ Cell Phone: _____

Purpose (Committee, Event, Etc.): _____

Date Submitted: _____

<u>X</u> Signature: person requesting authorization	<u>X</u> Signature: GCG President Signature
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Please tape small receipts to a separate piece of paper so all details and totals are visible. Scan and email or mail receipts and/or invoices with completed and approved form prior to payment by treasurer:

GCG Credit Card Expense Report 2025-2027