The Delta Kappa Gamma Society International
Eta State Organization

Expense Form

Date_____

Name _____

Address_____

City _____ State _____ Zip _____

Phone _____ Email _____

Position ☐ Officer ☐ Regional Director ☐ Committee Chairman ☐ Other _____

Expense Account For (Indicate type of meeting or service.) _____

Attach receipts of expenditures for lodging, plane fare, taxi, parking, meals, postage, supplies, fax/phone bills, printing. Submit one copy to the State President for approval and retain a copy for three years in your files.

Travel		
Car	Miles @ $0.32	$ 0.00
Plane		
Taxi		
Parking (Maximum $10 per day)		
Lodging (1/2 double room)		
Registration		
Event Meals		
Printing		
Supplies/Postage		
Other (Please list)		
Total		$ 0.00

Member Submitting

Signature _____ Date _____

State President

Signature _____ Date _____

Treasurer

Check No. _____ Account_____ Date _____

Form Updated 2016