

ALPHA NU STATE EXPENSE VOUCHER
DELTA KAPPA GAMMA SOCIETY INTERNATIONAL

General Requirements (Please Print)

A. No reimbursement of expenses will occur unless:

1. This report is completed in its entirety with all required signatures (at the end of form)
2. Receipts/invoices are included for expenses claimed
3. Official passengers traveling in a private automobile, other than the owner, will not be reimbursed.

B. Keep a copy for your records

Please consider going to OneCause, the Society On-line shopping connection, to book your flight. Each time you use this, Delta Kappa Gamma will receive a percentage of your sale. Also remember that if you use American Airlines, we have a business number -786809; You and the Society receive mileage credits.

Name _____

Street address/P.O. Box _____

Town _____ Zip _____

Name of Meeting _____ Location _____

My Position _____ Date of Meeting _____

1. Travel Expenses (Supporting receipts and invoices **must be included** for each item listed below.)

A. Airline Fare:

From city _____ City _____ \$ _____

B. Automobile Mileage:

From City _____ City _____

Total miles _____ x _____ cents/mile _____ \$ _____

TOTAL TRAVEL EXPENSES \$ _____

2. Lodging (specify dates) _____ \$ _____

3. Meals _____ \$ _____

4. Duplicating _____ \$ _____

5. Supplies _____ \$ _____

6. Postage _____ \$ _____

7. Other (describe) _____ \$ _____

TOTAL EXPENSES TO BE PAID \$ _____

Applicants Signature _____ **sign this voucher then scan and e-mail to the State Financial Chairman. If you cannot scan then you will have to mail to State Financial Chairman.**

Alpha Nu State Financial Chair _____ Kathy Dabestani – drdenviro@q.com

Alpha Nu State President _____ Jane Winston – opus@cableone.net

Alpha Nu State Treasurer _____ Goldie McClure – gmtbear@live.com

Check # _____ Date paid _____