

THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL
ETA STATE ORGANIZATION
Expense Form

Date _____ 20__

Name	Miss Mrs.		
Last	Dr.	First	
Address			
Street Address/Box	City	State	Zip
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. SEND ONE COPY TO STATE PRESIDENT FOR APPROVAL AND RETAIN A COPY FOR THREE YEARS IN YOUR FILES.

I.	Travel		
	Transportation-car, plane, taxi	-----	
	Meals	-----	
	Lodging	-----	
	Gratuity	-----	
	Parking	-----	
II.	Clerical Assistance	-----	
III.	Printing	-----	
IV.	Supplies	-----	
V.	Postage	-----	
VI.	Telephone, Fax	-----	
	TOTAL	-----	

MEMBER SUBMITTING _____
Signature Date

STATE PRESIDENT _____
Signature Date

TREASURER _____
Check No. Account Date