

THETA STATE NEW MEXICO
THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL, INC.

- TRAVEL RECORD
 REIMBURSEMENT REQUEST / VOUCHER

date	type of meeting, activity, expenditure		
name	state position		
street or box #	city	state	zip
home phone	e-mail address		

Instructions: Attach receipts for all expenditures. Include pertinent explanatory material. Submit the request with receipts to the Theta State Treasurer, and e-mail a copy of the reimbursement/voucher to the State President. **Post mark no later than 14 days after the meeting or activity.** When the expenditures are approved by the State President, the State Treasurer will mail acknowledgement of approval and payment.

1.0 COMMUNICATION

- 1.1 Theta State News \$ _____
 1.2 Web site \$ _____

2.0 EXECUTIVE BOARD

- 2.1 President \$ _____
 2.2 Officers
 2.21 lodging for State meetings
 \$20 for 3 nights/year \$ _____
 2.22 mileage for State business
 \$.20/mile \$ _____
 2.3 Committees \$ _____
 2.31 lodging for State meetings
 \$20 for 3 nights/year \$ _____
 2.32 Finance \$.20/mile once/yr \$ _____
 2.33 Nominations \$.20/mi. once/bi. \$ _____
 2.34 Committee expenses \$ _____
 2.35 Technology \$ _____
 2.36 Legislative Seminar \$ _____
 2.37 Expansion \$ _____
 2.38 Service Project (Literacy) \$ _____

3.0 STIPENDS (12/1 & 6/1) use invoice form

- 3.1 Treasurer 3.2 Records Coordinator
 3.3 Editor 3.4 Webmaster

4.0 EVENTS

- 4.1 State Convention \$ _____
 4.2 Fall Mtg / Birthday Luncheon \$ _____
 4.3 Leadership Dev. Seminar \$ _____
 4.4 Speakers Honorariums \$ _____

5.0 SCHOLARSHIPS & GRANTS

- 5.1 Emma Foree Fund Scholarship \$ _____
 5.2 Birdie Adams Scholarship \$ _____
 5.3 B. June West Recruitment Grant \$ _____
 5.4 Travel/Study Memorial Schol. \$ _____

6.0 TRAVEL

- 6.1 Treas. travel: Int Conv/SW Reg \$ _____
 6.2 Editor travel: Int Conv/SW Reg \$ _____
 6.3 Imm. Past Pres. travel: SW Reg \$ _____
 6.4 1st Vice Pres. travel: SW Reg \$ _____
 6.5 2nd Vice Pres. travel: SW Reg \$ _____

7.0 ADMINISTRATION

7. _____ \$ _____
 7. _____ \$ _____

8.0 MEMBERSHIP FEES

- 8.1 Other _____ \$ _____

TOTAL \$ _____

Signature _____
 person submitting request

Approved _____
 person submitting request

Paid on _____ by _____
 date check # Theta State Treasurer

TRAVEL DATA		
month	day	yr
month	day	yr
month	day	yr
List day(s) away from home city on Theta State business whether reimbursed or not.		