

THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL, Arkansas State Organization

Expense Form

Name	
Officer/Position	
Committee Chair/Member	
Category for which expenses were incurred	

Date	
Address	
City, State, Zip	
Phone	

1. **Type of Meeting and Date(s)** For Example: International Conference Arts and Humanities, June 27-29, 2019

Meeting:	
Registration	
Lodging for (#) nights	
Meals	
Transportation (#) miles @25 cents per mile for one round trip by car or [specify] other	
Other related expenses (Itemize)	
Total for Section 1	

2. **Administrative Expenses**

Supplies	
Postage	
Telephone	
Printing/Copies	
Other related expenses (Itemize)	
Total for Section 2	

3. **Other Expenses** (attach other itemized statement)

GRAND TOTAL	
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_____ SIGNATURE (Required) (ELECTRONIC SIGNATURE ACCEPTABLE)

Email this completed form and scanned/ photographed copies of receipts as attachments to the Arkansas State president. She will forward the documents to the treasurer for payment.

OR

Submit this completed form and all receipts attached to a separate sheet of paper by postal mail to the Arkansas State president. She will forward the documents to the treasurer for payment.

TO BE HONORED, THE REQUEST FOR REIMBURSEMENT MUST BE PRESENTED WITHIN SIXTY (60) DAYS AFTER THE EXPENSES ARE INCURRED. A copy will be returned with your reimbursement check. Cash checks immediately. CHECKS WILL BE VOID SIXTY (60) DAYS AFTER ISSUE.

FOR OFFICE USE ONLY

Charge to	\$
Account No.	
TOTAL	\$

APPROVED BY ARKANSAS STATE PRESIDENT:
PAID (Date/Check No.)
CHECK MADE PAYABLE TO: