The Delta Kappa Gamma Society International

GAMMA STATE
Claim Form

Date_____

NAME_____
First Last

ADDRESS_____
Street City State ZIP

POSITION_____ _____
Officer Committee Chairman

Instructions: Please attach some form of evidence such as hotel bill, airline bill, and receipts for postage, supplies, copying, etc. Be specific in the "Other" categories. Sign the form. Send to the State President for approval. A copy will be returned with your check.

Expenses for_____
Indicate type of meeting or service rendered.

I. Travel:		
Automobile: _____miles @ 25¢ a mile =		
Turnpike Tolls		
Plane		
Taxi		
Meals		
Registration		
Hotel		
II. Printing, copying		
III. Supplies		
IV. Postage		
V. Telephone		
VI. Other:		
TOTAL		

Signed:

_____

Approved:

_____
Gamma State President

To be completed by State Treasurer:

Paid by check_____

Charge to item_____