



The Delta Kappa Gamma Society International
Illinois, Lambda State Organization

Meeting/Date _____ Date of Report _____

Position _____

Please attach receipt for each expenditure.

	\$		Budget Line Item Number
Housing \$ _____			
Mileage _____ mi @ /mi=\$ _____ Parking \$ _____ Toll \$ _____			
Postage _____			
Printing _____			
Telephone/Fax _____			
Other expenses _____			

Total			
Payee _____			
Street Address _____			
City _____ State _____ Zip _____ (9 digits)			

_____ Signed _____
Please Print _____ Signature _____

Address _____
City _____ State _____ Zip _____ (9 digits)

Send all copies to Lambda State President

Approved by Lambda State President _____

Date	Check #	Budget Account #	Total



The Delta Kappa Gamma Society International
Illinois, Lambda State Organization

Meeting/Date _____ Date of Report _____

Position _____

Please attach receipt for each expenditure.

	\$		Budget Line Item Number
Housing \$ _____			
Mileage _____ mi @ /mi=\$ _____ Parking \$ _____ Toll \$ _____			
Postage _____			
Printing _____			
Telephone/Fax _____			
Other expenses _____			

Total			
Payee _____			
Street Address _____			
City _____ State _____ Zip _____ (9 digits)			

_____ Signed _____
Please Print _____ Signature _____

Address _____
City _____ State _____ Zip _____ (9 digits)

Send all copies to Lambda State President

Approved by Lambda State President _____

Date	Check #	Budget Account #	Total