



DKG Illinois State Organization

Meeting _____ Date of Report _____

Position _____

Please attach receipt for each expenditure.

	\$	¢	Office Use
Housing \$ _____			
Mileage _____ mi @ _____ = \$ _____ Parking \$ _____ Toll \$ _____			
Postage _____			
Printing _____			
Telephone/Fax _____			
Other Expenses _____			

Make Check to (Print Clearly):

Payee _____
 Street _____
 City _____ State _____ Zip _____ (9 Digits)

Requestor (if not payee):

(Please Print) _____ Signed _____ (Requestor's Signature)
 Street _____
 City _____ State _____ Zip _____ (9 Digits)

Approved by State President _____ (Signature)

Date	Ck #	Account #	Total



DKG Illinois State Organization

Meeting _____ Date of Report _____

Position _____

Please attach receipt for each expenditure.

	\$	¢	Office Use
Housing \$ _____			
Mileage _____ mi @ _____ = \$ _____ Parking \$ _____ Toll \$ _____			
Postage _____			
Printing _____			
Telephone/Fax _____			
Other Expenses _____			

Make Check to (Print Clearly):

Payee _____
 Street _____
 City _____ State _____ Zip _____ (9 Digits)

Requestor (if not payee):

(Please Print) _____ Signed _____ (Requestor's Signature)
 Street _____
 City _____ State _____ Zip _____ (9 Digits)

Approved by State President _____ (Signature)

Date	Ck #	Account #	Total