



**The Delta Kappa Gamma Society International
Illinois, Lambda 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)

Send all copies to State President

Approved by State President _____
(Signature)

| Date | Ck # | Account # | Total |
|------|------|-----------|-------|
| | | | |

Please complete the form and MAIL via US Postal Service to Lambda State President LaVonne Chaney, RR 4 Box 241, Shelbyville, IL 62565-8857

LaVonne will then forward to the State Treasurer who will send you your reimbursement.

← Make sure to sign here.