



INTERNATIONAL SOCIETY FOR KEY WOMEN EDUCATORS

**DELTA KAPPA GAMMA**

**GAMMA CHI CHAPTER**

**PRE-APPROVED EXPENSE FORM**

Date \_\_\_\_\_ 20\_\_

Name \_\_\_\_\_

Last

First

Address \_\_\_\_\_

Street Address/Box

City

State

Zip

Position \_\_\_\_\_

(Officer, Committee Chair or Other)

Attach receipts of expenditures for registration, lodging, meals (if applicable), printing, supplies, postage, recognitions and special projects. Send one copy to the Gamma Chi president and retain a copy for your files.

|                                      |               |
|--------------------------------------|---------------|
| Travel                               | XXXXXXXXXXXXX |
| Transportation (amount spent on gas) |               |
| Registration                         |               |
| Lodging                              |               |
| Meals                                |               |
| Printing                             |               |
| Supplies                             |               |
| Postage                              |               |
| Recognitions                         |               |
| Special Projects                     |               |
| <b>Total</b>                         | \$            |

Member Submitting \_\_\_\_\_

Signature

Date

Gamma Chi President \_\_\_\_\_

Signature

Date

Gamma Chi Treasurer \_\_\_\_\_

Signature

Date

Gamma Chi Treasurer \_\_\_\_\_

Check No.

Account

Date