# THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL

**DKG CALIFORNIA EXPENSE REPORT**

**DOWNLOAD AND SAVE THIS FORM TO YOUR COMPUTER AND THEN COMPLETE**

***Email form and copies of receipts directly to the DKG Education Center:*** ***dkgcaacct@gmail.com***

***(DEADLINE - 30 days from event)***

**NAME:** Click or tap here to enter text. **DATE EMAILED:** Click or tap here to enter text.

**COMMITTEE / PURPOSE:** Click or tap here to enter text.

**EVENT LOCATION:** Click or tap here to enter text. **DATES**: Click or tap here to enter text.

**Members enter information**

**Office Use Only**

|  |  |  |  |
| --- | --- | --- | --- |
| **TRAVEL & date of travel**Plane fare or car mileage (Roundtrip) Carpooled with**:** Click or tap here to enter text. | Click or tap here to enter text. | **Office Use Only** | **Office Use Only** |
| **LODGING & date of expense**(1/2 of 1 night @ event room rate**)** Room shared with: Click or tap here to enter text. | Click or tap here to enter text. | **Office Use Only** | **Office Use Only** |
| **SUPPLIES & date of expense**Click or tap here to enter text. | Click or tap here to enter text. | **Office Use Only** | **Office Use Only** |
| **POSTAGE & date of expense**Click or tap here to enter text. | Click or tap here to enter text. | **Office Use Only** | **Office Use Only** |
| **PRINTING/COPY WORK & date of expense**Click or tap here to enter text. | Click or tap here to enter text. | **Office Use Only** | **Office Use Only** |
| **OTHER (Describe)**Click or tap here to enter text. | Click or tap here to enter text. | **Office Use Only** | **Office Use Only** |
|  |  **TOTAL**  |  |

|  |
| --- |
| **Check payable to**: Click or tap here to enter text. |
| **Address (Number and Street, City, State, Postal Code)**Click or tap here to enter text. |
| **Extra night approved by State President** Yes[ ]   |

**Check date:**

**Check number:**

June 2019