

**THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL
DKG CALIFORNIA STATE EXPENSE REPORT**

Office use only

NAME _____ DATE SUBMITTED _____
days from event

(DEADLINE - 30)

COMMITTEE / PURPOSE
DATES

LOCATION

TRAVEL (Circle) Plane fare or car mileage (Round Trip)
Record mileage only; treasurer will compute reimbursement

OFFICE USE ONLY

CARPOOLED WITH: _____

LODGING (1/2 of 1 night @ event room rate.)

ROOM SHARED WITH: _____

SUPPLIES

TELEPHONE/POSTAGE

PRINTING/COPY WORK

OTHER (Describe)

CHECK PAYABLE TO

APPROVED BY: (OFFICIAL USE ONLY)

**(NAME &
TOTAL**

ADDRESS)

Extra night approved by State President Yes No

Check

Date

***Email scanned copies of all receipts along with this completed
expense form to the DKG California Education Center:***

dkgedctr@gmail.com dkgedctr@gmail.com

***If you prefer to mail via USPS, send a copy of this form along
with your receipts to:***

**DKG California Education Center
808 University Avenue
Sacramento CA 95825**