|  |  |  |  |
| --- | --- | --- | --- |
| **Date:** |  | |  |
| **Submit to:** | | Kappa Kappa Gamma Fraternity  Attn: Finance Department  6640 Riverside Drive, Suite 200  Dublin, Ohio 43017 | |

**In order to be reimbursed, this form needs to be submitted to Kappa Kappa Gamma Headquarters by July 15. Forms submitted after July 15 will not be reimbursed.**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Expenses incurred for the period of | |  | | | to |  | | . | |
| Name: |  | |  | Office or chapter: affiliation: | | | | |  | |
| Address: |  | | | | | | | | | |
|  |  | | | | | | | | | |
| Phone: |  | |  | Email: | | |  | | | |

**Expenses:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **From** | **To** | **Miles Driven** | | | | **X** | **Total** |
|  |  | Palm Springs, CA |  | | | | $0.40 | $ |
|  |  |  |  | | | |  |  |
| **Date** | **From** | **To** | **Miles Driven** | | | | **X** | **Total** |
|  | Palm Spring, CA |  |  | | | | $0.40 | $ |
|  |  |  | |  | | |  |  |
|  |  |  | |  | |  | |  |
|  |  |  | |  | |  | |  |
| **Tips for filing accurate and timely expense forms:**   * Keep a copy of the expense form for your records. * Retain receipts of all expenses and attach them to the expense form. * Designate if you are reporting in U.S. or Canadian dollars. | | | |  | |  | |  |
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|  | |  | |  |
|  | |  | |  |
|  | | |  |  |
|  | **Total due to me** | | | $ |

|  |  |
| --- | --- |
| **Headquarters use only** | |
| Account | Amount |
|  |  |