|  |  |  |  |
| --- | --- | --- | --- |
| **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: | | |  | | | |

**Please attach receipts for expense of one regular-weight checked bag.**

|  |  |  |
| --- | --- | --- |
|  | Baggage | Total |
| To Convention |  | $ |
| From Convention |  | $ |

|  |
| --- |
| **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. |
|
|

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