|  |  |  |
| --- | --- | --- |
| **Date:** |       |  |
| **Submit to:** | Kappa Kappa Gamma FraternityAttn: Finance Department6640 Riverside Drive, Suite 200Dublin, 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.
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|  **Headquarters use only** |
| Account | Amount |
|  |  |