|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Tips to filing accurate and timely expense forms:** | | | | | | | | | | Date: | | | |  | | | |
| * 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. | | | | | | | | | | Submit to: | | | | Kappa Kappa Gamma Fraternity  Attn: Finance Department  6640 Riverside Drive, Suite 200  Dublin, Ohio 43017 | | | |
| Name: | |  | | | | | | |  | | | | | | | | |
| Address: | |  | | | | | | |  | | | | | | | | |
|  | |
| **E****ducational Workshop** | | | | | | | | | | | | | | | | | |
| Date: | | | | | | | | | | | | | | | | | |
| Location: Columbus, Ohio | | | | | | | | | | | | | | | | | |
| Subject: Leadership Academy | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Expenses[[1]](#footnote-1)** | | | | | | | | | | | | | | | | | |
| Please attach receipts for expense of one checked bag. | | | | | |  | Baggage | | | | | | Total\* | | | | |
| To Leadership Academy | | | | | | | |  | | |  | $ | | | |  | |
|  |  | | | | **Total due to me:** | | | | | | | **$** | | | |
| **Note: Requests received after Sept. 30 will not be reimbursed.** | | | | | | | | | | | | | | | | | |
| **Payment Approval** | | | | | | | | | | | | | | | | | |
|  | | |  |  | | | | | | | | | | | Headquarters use only: 01-69257 | | |
| Director of Education and Training | | |  | Director of Finance | | | | | | | | | | |  | |  |

1. Maximum total baggage reimbursement is $25. Receipt must be provided.  [↑](#footnote-ref-1)