

**The Delta Kappa Gamma Society International
Indiana State Organization
Alpha Sigma Chapter**

EXPENSE VOUCHER FORM

Today's Date: _____

Name of Claimant: _____

Committee or Office: _____

ITEMIZED LIST OF EXPENSES
Please attach receipts when available.

Automobile Mileage (Specify dates, locations and total miles, x \$0.56 per mile)

Lodging (Specify dates, locations, and expenses.)

Other Expenses (Specify dates, descriptions, and expenses.)

Signature of Claimant _____ Date _____

FOR TREASURER'S USE ONLY

Reimbursement Date _____ Check # _____ Initials _____