



**Expense Reimbursement Sheet - Please Print/Signature Required Below**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, St, Zipcode \_\_\_\_\_  
Title: \_\_\_\_\_

Date: \_\_\_\_\_  
Unit No: \_\_\_\_\_  
District No: \_\_\_\_\_

I herewith submit my expenses for the following:

- |  |   |
|--|---|
| <input type="checkbox"/> DEC Organizational Meeting    | <input type="checkbox"/> National Covention |
| <input type="checkbox"/> Department Convention         | <input type="checkbox"/> Girls State        |
| <input type="checkbox"/> Winter Conference             | <input type="checkbox"/> Other: _____       |
| <input type="checkbox"/> **District President Activity |   |

**Transportation**

<input type="text"/>	Mileage by Car (\$.50 per mile round trip)	<input type="text"/>
<input type="text"/>	Bus fare or Train Fare	<input type="text"/>
<input type="text"/>	Air Fare	<input type="text"/>
<b>Total Transportation Expense</b>		<input type="text"/>

**Per Diem**

<input type="text"/>	Number of Days in state (\$50 per day) (Department Convention and Organizational Meeting)	<input type="text"/>
<b>Per Diem Subtotal</b>		<input type="text"/>

**Other** (office supplies, parking, stipends, etc.)

Other:	<input type="text"/>	
Other:	<input type="text"/>	
Other:	<input type="text"/>	
<b>Other Subtotal</b>		<input type="text"/>
<b>Total Expense*</b>		<input type="text"/>

\*Mileage and per diem must be submitted within 60 days of the event to be reimbursed.

\*\*District President allowances/expenses related to District activity may be submitted annually but must be accompanied by receipts to be reimbursed.

**Signature of Requestor:**

\_\_\_\_\_  
**Approved by:**

\_\_\_\_\_  
**Department Secretary:**

\_\_\_\_\_  
**Finance Board Chair:**