

THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL
COLORADO STATE ORGANIZATION ~ EXPENSE VOUCHER

(Please Print)

Name _____

Address _____

Signature _____

Rcvd _____

City, ST Zip+4 _____

Ck. # _____

Paid _____

(Please include receipts) Note: Mileage - Miles traveled x 2 x .15 (15¢)

DATE	BUDGET LINE #	DESCRIPTION	AMOUNT

Fall Board Meeting

State Officer _____

Spring Board Meeting

Chapter President _____

State Convention

State Committee Chairman _____

State Conference

State Committee Member _____